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New York

President: Mr. Opertti ..... (Uruguay)

The meeting was called to order at 10.05 a.m.

Agenda item 8 (*continued*)

Overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development

The President (*spoke in Spanish*): I now give the floor to Her Excellency Mrs. Isatou Njie-Saidy, Vice-President of the Republic of the Gambia.

Mrs. Njie-Saidy (Gambia): I would first of all like, on behalf of the President of the Republic of the Gambia, Alhaji Yahya A. J. J. Jammeh, the Government and people of the Gambia, to extend our profound gratitude to the Executive Secretary of the United Nations Population Fund (UNFPA) for the invitation extended to us to participate in this gathering.

Developing countries — indeed, including least-developed countries like ours — will, in accordance with the requirements of the Programme of Action of the International Conference on Population and Development (ICPD), require additional resources, including, of course, on concessional and grant terms. The international community is therefore expected to ensure full and consistent support, including financial and technical assistance, for the implementation process in the context of a coordinated approach to population policies and issues, as well as population-related development matters.

The rate of population growth in the Gambia and other African countries testifies to the fact that Africa has the highest population growth rate the world has seen since the 1950s, increasing from 2.6 per cent between 1965 and 1970 to 3.4 per cent in 1992. At that current growth rate, the population of Africa is expected — unless, of course, the rate is abated — to reach 867 million in the year 2000 and 1.6 billion in 2025.

The Gambia is, indeed, profoundly affected by rapid population growth, with an unprecedented growth rate of 4.2 per cent per annum — one of the highest in Africa. It is thus judged to be among the highest rates in the world and, as a result, has continued to impose a great demographic burden on our national resources and development programmes. Thus, one enduring threat is the fact that the Gambia's population has the potential — unless, as I said, the rate is abated — to double every 16 years and this could seriously undermine our efforts as a country to provide a better quality of service and a better life for our citizenry.

To meet the challenges posed by the rapid population growth, Government on its part has put in place relevant policies and programmes designed to reduce the growth rate as well as to provide the necessary facilities, wherewithal and services to accommodate the increased population. These interventions are carried out in collaboration, of course, with civil society — that is, non-governmental organizations, community-based organizations and the private sector — and the programmes involved are the National Population Policy

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and Programme, the Environment Action Programme and the Strategy for Poverty Alleviation, among other related programmes. These programmes are intended to address the interrelated problems arising from the population sector, the environment, poverty and social development in general.

Another important factor and dimension to be borne in mind, is that, of course, of rapid population growth, particularly in relation to the persistently high net migration currently being experienced by the Gambia in our subregion. This is, of course, a result of the growth and expansion of destabilizing influences and factors in the west African subregion and, indeed, the related series of political and security-related upheavals they have continued to engender. On its part, Government therefore plans to conduct a comprehensive migration study, of course with a view to formulating a migration policy that would help ease the congestion and problems caused by migration in the Gambia.

I am also pleased to state that the Gambia as a country has been able to register some successes in the implementation of the ICPD Programme of Action, in spite of existing constraints. The affected areas are, notably, gender equity, equality and empowerment of women and youth, reproductive health, reduction in infant mortality from 167 per 1000 to 92 per 1000, reduction of the total fertility rate from 6.40 per cent to 6.04 per cent and an increase in life expectancy from 44 years to 55 years.

To consolidate these achievements and gains, our national population policy has been revised and an action plan prepared with the participation of all stakeholders and sectors of the society, including non-governmental organizations.

The Gambia remains fully committed to the realization of the population programme and to the objectives of the ICPD, to the extent that 40 per cent of the national recurrent budget is allocated to the development of social sectors, such as health, population, environment, education and poverty alleviation.

In pursuit, therefore, of our national population goals, the Government has successfully entered into a productive partnership with the United Nations Population Fund, the World Bank and the International Planned Parenthood Federation — through its affiliate, the Gambia Family Planning Association. Non-governmental organizations also are responsible for the implementation of 70 per cent of the advocacy subprogrammes on population and development. And the World Bank contributes significantly to our efforts at mobilization of resources for needed activities.

I hasten to add, however, that there still exist funding gaps which should be filled if we are to adequately implement the ICPD plan of action on population and development in the Gambia, in conjunction, of course, with other related national sector programmes and activities. Filling these funding gaps and maintaining a sustained implementation process of the ICPD Programme of Action would require greater political and financial commitments from the international community, as always. Developed countries that have attained high levels of demographic development, for example, should be willing to make available to developing countries — in particular to the least developed countries — the requisite technical know-how and other resources so as to help them speedily achieve the goals and objectives of the Programme of Action, to complement what we are doing through the South-South cooperation programme.

Full cognisance should also be taken of the fact that the attainment of the goals and objectives of the ICPD Programme of Action cannot be fully realised in the absence of the commitment, as I said earlier, of the international community — in other words, in the absence of adequate and additional resources, of the required appropriate technology, of data and material resources coming from the developed to the developing countries, and of full grassroots and civil society participation.

You will no doubt agree with me, therefore, that posterity will judge us by how successful we have been in building lasting social infrastructure and services that will ensure a bright and beneficial future for the children of today and the generations of children yet unborn. Therefore, mindful of this sacred duty, let us resolve to pursue vigorously the goals of the International Conference on Population and Development by implementing all the recommendations and other requirements that we should implement, and those which will emerge from this special session in order to secure a safe and progressive future for humankind.

The President (*spoke in Spanish*): I now give the floor to Mr. Philip Ruddock, Minister for Immigration and Multicultural Affairs of Australia.

Mr. Ruddock (Australia): Australia strongly supports the Principles and the Programme of Action on Population and Development adopted at the Cairo

Conference in 1994. The main purpose of this special session is to take stock of progress and to identify policies and practices which help to advance the Cairo Programme of Action, in line with the Cairo Principles. We in Australia would not wish to see these Principles altered, either explicitly or implicitly, by this forum.

Australia is fortunate to have one of the world's healthiest populations, and Australians generally are getting healthier. This is partly because of the resources we are able to devote to health, but it also stems from the pro-active approach to health issues taken by Australians and by the Australian Government.

The national Government plays a leadership role in financing health care for Australians and in developing national health care policies. Australia has a balanced and sustainable system of health care funding and provision, drawing on both the Government and the private sector. Unfortunately, indigenous Australians still have a poorer health profile than other Australians, a matter of serious concern to the Australian Government. That is why the Government's contribution to primary health care programmes for indigenous Australians has quadrupled over the past decade. This approach has helped to significantly reduce many of the major causes of mortality amongst our indigenous folk. Preventive health, medical research and funding based on evidence of cost-effectiveness are also vital parts of Australia's health care policies.

Through its overseas aid programme, Australia is working hard to assist developing countries to implement the goals of Cairo. The basic objective of Australia's aid is to assist developing countries to reduce poverty and achieve sustainable development. Health and basic education are priority sectors for Australia's aid. Our health assistance policy aims to improve basic health through integrated approaches that give priority to women's and children's health. Expenditure on improving health has grown significantly, to above 10 per cent of our total aid budget.

Our aid support for family planning is based on the principle that individuals should decide freely the number and spacing of their children and have the information and the means to exercise this choice. We oppose, absolutely, coercion in family planning. Voluntarism and quality care are built into all of the population activities we support through the aid programme. We specifically test to ensure that these principles are observed. The cultural, familial and religious context in which reproductive health programmes occur is important. Development planning must take account of these factors to cultural sensitivity and ensure community and stakeholder involvement.

Our aid support for basic education is also increasing, accounting now for 3 to 4 per cent of our total aid budget. Basic education includes particular emphasis on improving education opportunities for girls and on female literacy. Female education is the most important single factor contributing to sustainable population growth in developing countries. Australia's aid policy on gender equity emphasizes the responsibilities of men as well as women. We have made considerable headway in ensuring that gender issues are taken into account in all our aid-supported activities.

Our aid programme promotes environmental sustainability and meets stringent environmental impact standards.

Australia firmly believes that the rights and dignities of migrants and refugees must be protected. This is the responsibility not only of the international community, but also of those countries that provide a safe haven to refugees or a home to migrants. Where the inflow of refugees creates economic hardship for receiving countries it is also the responsibility of the international community to offer these countries timely and sufficient support. We believe migrants and refugees should be provided with, and have access to, adequate and appropriate health and social services. And this, of course, should include family planning services.

Australia has recently acted on its commitment to providing both assistance and protection to refugees. As part of the international response to the human tragedy of the refugee outflow from Kosovo, the Australian Government is providing temporary safe haven to around 4,000 displaced Kosovars.

Australia has an outstanding history in welcoming refugees from all parts of the world. However, the Kosovo exercise was unprecedented, as it required the uplifting of the equivalent of our annual intake of refugees within a six-week period. The Kosovar refugees are being accommodated in facilities around Australia. They are being provided with culturally appropriate food and with clothing and basic toiletries. They are also being offered counselling for torture and trauma, education for children, English language training for adults, recreational activities and other essentials, including a small cash allowance.

The Kosovar evacuees are also receiving medical and dental care. Health services focus on immediate health-care needs consistent with a short-term stay. These include maternal and child health care and culturally sensitive family planning services.

The recent financial crisis in Asia presents enormous challenges for the countries most affected, for the region as a whole and for the broader international community. Social impacts are still unfolding almost two years after the crisis first struck, affecting the welfare of millions of people throughout the region. We recognize the difficulty for countries in the midst of the crisis to maintain social-sector spending. We commend those Governments that have continued to give high priority to health and education services in the face of budgetary pressure. Australia continues to mobilize substantial aid to help countries address the economic and social impacts of the crisis and to assist them in restoring sustained economic growth. This complements our support for broader multilateral efforts to overcome the crisis as well as for international financial reform.

There is more to be done by all of us to turn the Cairo vision into reality. Maternal mortality, while declining, remains unacceptably high at over half a million deaths a year. Achieving gender equity, a central principle of the Cairo Programme, remains a challenge for us all. Developing coordinated, integrated and balanced approaches to health delivery, including reproductive health care, requires good teamwork and strong leadership as well as shared vision, and partnerships with civil society and the private sector need to be strengthened. This special session should reinforce commitment to the Cairo Principles and Programme of Action: without such commitment, the objectives that we seek to achieve will remain elusive. Adequate resourcing is part of the answer, but we must also ensure that we get the most out of the resources available, and this means adopting the most effective policies and practices to overcome the constraints.

Australia remains committed to supporting quality programmes in the area of population and development. We will also support the practical coordination and leadership essential for effective country-level responses. We reaffirm the Cairo Principles and look to this special session to lay the groundwork for practical, affordable future actions that will bring the Cairo goals closer to reality.

The President (*spoke in Spanish*): I now call on to the Minister of Social and Community Development of Trinidad and Tobago, Mr. Manohar Ramsaran.

Mr. Ramsaran (Trinidad and Tobago): I feel honoured to be here with you today to participate in the twenty-first special session of the General Assembly, devoted to the overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development — ICPD +5. With humanity standing at a defining moment in history on the eve of a new millennium, I applaud the foresight of the Cairo forum with its 20-year Programme of Action to promote sustainable, human-centred development and a stable world population.

The concept of development has been at the core of scholarly debate for several decades. The International Population Conference held in Mexico in 1984, however, drew attention to the linkage between population and development. This, together with growing global awareness of the interdependence of social, economic and environmental concerns, set the platform for the historic ICPD forum in Cairo, in 1994.

With insight gained from the International Population Conference in Mexico and the recognition of the imperative need for an integrated approach to development, the Government in 1989 reconstituted the Population Council of Trinidad and Tobago. The mandate of the Council was to design and implement an explicit population-influencing policy for the country. A draft policy was in fact developed and subsequently revised following the Programme of Action emanating from the Cairo Conference in 1994, culminating in 1996 with the National Population Policy for Trinidad and Tobago.

The Government, in an effort to create an enabling environment for further implementation of the ICPD Programme of Action, continues to have as one of its key activities the establishment and strengthening of interministerial systems and mechanisms. This is to ensure that sector ministries give adequate consideration to population issues in their programmes.

With respect to ensuring equity, equality and the empowerment of women, Trinidad and Tobago is a signatory to the Convention for the Elimination of All Forms of Discrimination against Women. In a deliberate move to ensure the empowerment of women, a Ministry of Culture and Gender Affairs has been established.

Additionally, women's participation in the political process is encouraged by our political parties. Among the approximately 250 candidates expected to face the electorate in our upcoming local government elections, 75 are women. This is a significant figure for our small nation.

In addition, the Government, in its intolerance of all forms of violence against women and children, has developed and amended several pieces of legislation, including the draft Sexual Act Bill, the Sexual Offences Bill, and the Earning Act. The latter deals with the provision of financial support by delinquent fathers. The Government is currently involved in amending the Domestic Violence Act to ensure its more effective monitoring and implementation. These are some of our efforts to support the empowerment of women. My Government recognizes, however, that further work in the area of decreasing the high rate of female unemployment is required in our efforts towards their further empowerment.

While Trinidad and Tobago explicitly recognizes and assures the reproductive rights of our citizenry, abortion is legally restricted. Terminations are, however, permitted under certain extenuating circumstances. I am pleased to report that there is universal access to reproductive health care, and we have integrated family planning, pre- and post-natal care, breast feeding and treatment for sexually transmitted diseases into primary health care settings. The Government has also taken action to address the maternal mortality rate, which increased from 54.2 in 1990 to 76 in 1994, by training mid-wives in basic obstetric care, especially in rural areas, and to improve women's health and safe motherhood. The impact is reflected in a reduced rate in 1995 to 67.5. The Family Planning Association of Trinidad and Tobago has established the first male health clinic in the region, which focuses on male participation in sexual and reproductive health and reproductive rights. Some of the services provided by this organization include prostate examination, vasectomies, family planning counselling and referrals for sexually transmitted diseases and HIV cases.

With regard to ongoing training of health care providers, the Ministry of Health, through its Population Programme Unit, has recently completed a nation-wide training programme for nurses aimed at improving the delivery of quality reproductive health care. Further, we have mandated training for health care providers and primary care centres to include screening for prostate cancer. We are also actively encouraging partnerships with non-governmental organizations to increase access to a wide range of reproductive services.

The current population of Trinidad and Tobago is approximately 1.2 million, and we are well poised to achieve one of the stated goals of our population policy, which is to have a population not exceeding 1.5 million by the year 2010. This is so because the rate of population growth is less than one per cent and the total fertility rate is just below replacement level. The rate has been declining over the past three decades, reaching 1.7 in 1996.

In spite of this, significant pressure is being placed to provide social services for the poor and unemployed, particularly in the areas of health and education. The Government's continued challenge is to improve and expand these services while seeking to foster revenue-generating sustainable development projects. Additionally, infant and maternal mortality rates, which stood at 16.2 per 1000 live births and 67.5 per 100,000 population respectively in 1995, are targeted for a 50 per cent reduction by the year 2010. Further, with a crude death rate of 7.4 per thousand, a mid-year population in 1996 declining to 7.35 in 1997 and a life expectancy of 74.7 years for females and 70.6 years for males, the overall mortality picture remains encouraging.

The prevalence of HIV/AIDS, particularly among teenage girls, is of grave concern to the Government. Partnerships with non-governmental organizations in preventative measures, such as AIDS awareness programmes specifically targeting youth, continue to be pursued, and the private sector is being increasingly incorporated into AIDS and advocacy committees. The Government is also focusing on the care and treatment of persons who are HIV-positive or who have full-blown AIDS, including pregnant women. We are also collaborating closely with non-governmental organizations to assist those children who are born with AIDS, and we have given a green light for the protocol for research among HIV-infected persons.

Although the total fertility rate is just below replacement level, teenage pregnancy continues to be another area of concern, accounting for 14 per cent of all births in 1996. This has often resulted from and is also a contributor to dysfunctional families, homelessness among unwed mothers, school drop-outs, higher levels of female unemployment and other forms of social malaise. This situation has a negative impact on our human resources and will affect inter- and intragenerational

development. Plans are being developed to reintegrate teenaged mothers into the education system, as we recognize that education is a key variable in improving the life chances and quality of life of this vulnerable population and their young dependents.

The Government also offers technical and financial support to several non-governmental organizations which conduct programmes and projects for the benefit of children and youth. "Choices", a programme partly funded by the Van Leer Foundation, targets young mothers in pursuit of academic and personal development. It offers skills training and seeks to postpone subsequent pregnancies among the young mothers. A novel move has been made to establish a partnership between the University of the West Indies and the family planning association of Trinidad and Tobago to train teachers in Family Life Education with particular emphasis on adolescent reproductive health.

We recognize, however, that more preventative health and family life education and counselling programmes relevant to the needs of our youth are required to abate the spate of adolescent pregnancy so that the youth of our nation can make positive, responsible choices about sexual activity and be productive, contributing members of society. The media have an important role to play in the choice of programming and advertisements used in this regard. Financial constraints remain a major hindrance to the expansion of services.

As you may have deduced thus far, Trinidad and Tobago is committed to strengthening partnerships with civil society and to building new ones. This commitment could be enhanced with additional external financial and technical support if sustainability is to be achieved.

We have also been experimenting with a novel collaborative project entitled "Adopt a Community", which facilitates a direct partnership between corporate citizens and specific poor communities. This is one of our innovative strategies for incorporating the perspectives and resources of civil society. A total of 15 communities have been adopted since the inception of this project in May 1998.

The Government of Trinidad and Tobago, recognizing that 21 per cent of the nation's inhabitants live in poverty, has placed the eradication of poverty and inequity high on its agenda. In fact, one of the stated goals of our population policy is to reduce the number of persons living below the poverty line by 20 per cent by the year 2010. In an effort to break the cycle of poverty, the social safety net has been extended. Recent provisions include a disability grant and the national minimum wage legislation. The social welfare programmes of my Ministry, the Ministry of Social and Community Development, are increasingly being oriented towards social rehabilitation.

In the area of education, the Government has sought to improve the quality of education, training and human resource development by upgrading primary, secondary and tertiary education and technical-vocational training.

While there is full enrolment at the primary school level, only two thirds of those eligible for enrolment in secondary school can be accommodated. The Government is in the process of putting in place the mechanisms that will amend the present selection procedures for allocating children to available secondary school places and assuring that every primary school leaver desiring to enter the second school system will be accommodated by the year 2000. Further, we have plans of enhancing the technological capacity of schools by placing computers in every school.

This is part of our revolution in education. This revolution is aimed at developing the country's human resources by ensuring that the education system is relevant and geared to equip students with the requisite knowledge, skills and abilities for sustained, successful living in the twenty-first century.

The Government of the Republic of Trinidad and Tobago remains dedicated to the implementation of the ICPD Programme of Action emanating from Cairo. We have not as yet implemented and accomplished all that was envisaged, partly due to financial, technical and manpower constraints, but we are endeavouring to do so. We are also dedicated to securing the future of Trinidad and Tobago in a globalizing economy and are resolved to engender in the population a deeply held commitment to the ethos of sustainable development. This is imperative if development in the social, economic and environmental sectors is to be sustained and to be culturally relevant as we enter the twenty-first century.

When we commemorate World Population Day on 11 July 1999, let us use this forum of the fifth anniversary of the ICPD to remind ourselves that population and development is not about counting people. It is about making people count.

The President (*spoke in Spanish*): I call on Mr. Saw Tun, Minister of Population of Myanmar.

Mr. Saw Tun (Myanmar): In December 1997, the General Assembly considered the question of follow-up to the International Conference on Population and Development (ICPD), held at Cairo, Egypt, in 1994, and decided to convene a special session of the Assembly to review and appraise the implementation of the Programme of Action adopted at that Conference. The Programme of Action, which marked the beginning of a new era in the sphere of population and development, was approved by consensus in September 1994. It is noteworthy that this landmark agreement focused on the well-being of human beings rather than on numbers as a focal point to address issues of economic development and balanced, sustainable population growth.

It has been estimated that the world's population will surpass 6 billion in the year 1999 and will be 9.5 billion by the year 2050. It has also been learnt that population stabilization will not be reached for another 50 years at the earliest. With this increase in population, demand for basic human needs such as food, clothing and shelter will also increase accordingly. It is therefore essential that the international community address this global problem in a timely manner through concrete and systematic measures. Without such measures, various social problems could arise. For instance, deterioration in the health sector could result in the reemergence of diseases that are now under control, such as malaria and tuberculosis. The problem of HIV-AIDS could also become more acute for developing countries. This problem has far-reaching implications beyond the developing countries, even encompassing the developed countries as well. We therefore firmly believe that international cooperation and collaboration are of paramount importance in addressing this global problem in a timely and effective manner.

In the national context, the population of Myanmar is at present about 48 million. One great advantage of our nation is our strong agricultural base. Also, plans have been laid down for food sufficiency for the increasing population. The State is encouraging the use of all available land, including fallow and virgin land, to enhance the agriculture sector. Hence, food security is not an issue for our country.

The Programme of Action calls for all countries to take steps to meet family planning needs. Steps taken by individual countries will certainly differ depending on their national circumstances. In this regard, we consider birth spacing as most appropriate for Myanmar. Therefore, we are encouraging a birth spacing programme for family planning. This programme will also enhance the quality of life and raise the standard of living of our people.

One of the objectives of the Programme of Action is to reduce and prevent the incidence of HIV-AIDS. This disease has now spread worldwide, not only posing serious challenges in terms of health but also having a negative impact on the development potential of countries and societies. We have instituted a multifaceted programme to combat this fatal disease, including education and information campaigns to raise awareness and emphasize behavioural changes. With the cooperation and collaboration of United Nations agencies, we have been undertaking systematic measures to address this problem. Our Government has also laid down necessary health policies and programmes to control it. Due to these measures, the incidence of HIV-AIDS remains relatively low.

Our Government is in the process of building a society where peace and prosperity prevail and where labour rights, the rights of women and the rights of the child are given all the encouragement and promotion that they rightly deserve. We firmly believe that peace and development are two sides of the same coin and cannot be separated, for without peace there can be no development and without development there can be no lasting peace. The State has paid much attention to national reconsolidation.

The issue of migration in general and irregular migration in particular is a complex one. Throughout history, people have crossed over borders more or less freely and have moved from place to place in search of better opportunities. Economic reasons are usually the principal ones for such migration. We realize the magnitude and complexity of the problem, for, as far as Myanmar is concerned, our favourable population-to-land ratio and our fertile land have attracted people from neighbouring countries. In the same way, many people from Myanmar, for economic reasons and better job opportunities, have found attractive employment in more economically developed neighbouring countries. Since we have porous borders, we find ourselves in a situation where we are not only a country of destination but also a country of origin. We realize that migration, including irregular migration, has both positive and negative dimensions and should be addressed in a comprehensive and balanced manner by considering its origin and manifestations, and the facts prevailing in countries of

origin, countries of transit and countries of destination. At the same time, it must be recognized that every country has the sovereign right to safeguard its borders and to enhance its own migration and immigration laws.

The Cairo Conference acknowledged the need to mobilize significant additional financial resources for the implementation of the Programme of Action. During the five years that have elapsed, official development assistance has fallen far below the agreed target of 0.7 per cent of gross national product. My delegation recognizes that even developed and industrialized countries have faced many difficulties in implementing the Cairo Programme of Action. Without adequate resources and assistance, many developing countries could not hope to achieve even the bare minimum standard laid out at Cairo, let alone further implementation. In this context, my delegation would like to stress that agreed commitments on official development assistance should be fulfilled.

I would like in conclusion to express our readiness and sincere desire to work together with all other nations to build a peaceful world in which all people can live happy and productive lives, free from political, social and economic anxieties.

The President (*spoke in Spanish*): I give the floor next to His Excellency Mr. Osman Durmus, Minister of Health of Turkey.

Mr. Durmus (Turkey): I would like to join previous speakers in congratulating you, Sir, on your election to the presidency of the General Assembly at this special session on population and development. Presiding over this session may be an easy task for you, but your presence assures us of a safe landing after an exciting voyage.

As we approach 12 October 1999, the day when the population of the Earth will reach 6 billion, we recognize the national achievements in the demographic profiles of nations. It is a milestone not only because of advances in fertility, but also because of improvements in mortality. Both the babies to be born and lives to be saved that will make our population reach 6 billion on that day. Improvements of this magnitude have been possible only as a result of global concern and global contributions. Intergovernmental conferences reflecting this global concern have made it easier for individual nations to achieve their goals. In the 25 years since Bucharest, the infant mortality rate in my country has been reduced to less than one third of what it was. Beneficial demographic developments resulting from the intergovernmental conferences are not limited to reductions in mortality, but extend to all facets of social life in Turkey. For instance, fertility standards and practices have changed considerably and the differences between us and our European neighbours are not as big as they used to be. All of the reproductive rights cited at the International Conference on Population and Development (ICPD) are fully enjoyed. The quality of reproductive health and safe motherhood services is improving. With respect to migration, I should like the Assembly to note that lifetime migration is becoming "job-time" migration.

The Preparatory Committee meetings were serene, but they were not easy, and our experts took part in many colourful debates. We respect all the participants, for we believe that the common denominator was the concern of delegates for their people. We took that as a sign of concern rather than of ambivalence; population issues are too serious to be left to ambivalence.

My Government considers the document, together with other documents demonstrating intergovernmental agreement, to be important tools for the realization of the ICPD Programme of Action. In realizing the basic Principles of the ICPD, these tools will function effectively in improving the quality of life, expanding participatory democracy and promoting human rights and the mutual respect of individuals and communities for one another.

For this reason, in accordance with the philosophy of the ICPD Programme of Action, we must put more emphasis on the rights of individuals, their needs and their enjoyment of free and informed choice. Only then will it be possible for individuals to realize their expectations.

As we have reiterated at every opportunity, the reciprocal cause and effect relationship between development and population is duly appreciated in Turkish development plans. Consequently, strong parallels can be seen between our development plans and the statements of the international community. Turkey has benefited from the ICPD and succeeding documents and has accordingly developed or revised its national action plans, such as the National Action Plan for Women's Health and Family Planning, the National Action Programme for Children and the National Environmental Action Plans.

My Government has also shown its commitment to the goals and implementation of the ICPD Programme of

Action by creating new institutional mechanisms. I would like to mention just of few of them: the Multi-disciplinary National AIDS Commission, the Family Planning Advisory Board and the ICPD Follow-up Committee. There are more.

As in the past, Turkey is ready to share its experiences with the international community, especially with its geographic and cultural neighbours. We are developing institutional arrangements to facilitate visits by members of the international community. My Ministry's "centre of excellence on population" is one example. Under these arrangements, members of the international community will have an opportunity to come together to discuss population matters and learn from each other.

Global trends unfortunately do not favour strong and stable families. Defined within each national heritage, policies for strong and stable families should be supported. In doing so, it is essential to recognize the link between population, development and human rights. The rights of every member of the family — adolescents, parents, children and the elderly — should be protected, respecting the proper balance among them. We believe that the family is the basic constituent of a society, and every effort should be undertaken to protect its integrity.

Turkey, as one of the countries that undertook a rapid organization process, has joined the United Nations studies on settlements on a permanent basis. Habitat II, which met in Istanbul, was the last link in the attempts by the international community to determine the agenda of the twenty-first century and to make a conscious effort to lay claim to the ownership of world problems, on the basis of settlements.

More than ever, we are observing broader opportunities for the contributions of civil society to population issues. Implementing population policies sometimes requires innovative and flexible approaches, in which civil societies, especially non-governmental organizations, have a comparative advantage over governmental bureaucracy. They should be equipped with necessary mechanisms to improve grassroots participation and let the voices of the people be heard.

Seventy-two years have passed since the World Population Conference took place in Vienna in 1927. During the following years, through days of rain or shine, the issues of population surfaced onto the agenda of the global community with ever-increasing strength. Populations themselves may not all be stable, but population issues seem to be quite firmly established on the agenda, with due emphasis being placed on current concerns. We happily observed the emphasis on economics in Bucharest, on policy and sociology in Mexico and on human rights in Cairo. What is next? The furthering of reproductive rights, perhaps, the promotion of good governance or the globalization of democratic rights. Whatever the emphasis may be, it will certainly have to be encircled by common topics, such as development issues, the empowerment of women, partnership with the non-governmental sector and mobilizing resources — issues on which we ironed out our differences at the three global intergovernmental conferences organized by the United Nations, not to mention at Belgrade and Rome.

At this point, allow me to register our acknowledgment of the late Rafael Salas and the able Executive Director of the United Nations Population Fund, Mrs. Nafis Sadik.

We have been through the most turbulent century in the history of mankind. Now it is reaching its end. The autumn of the twentieth century will soon be replaced by the spring of the twenty-first century. Let the roads that diverged in the fall converge in the spring.

The President (*spoke in Spanish*): I give the floor to the His Excellency Mr. Felipe Medalla, Secretary for Social Economic Planning of the Philippines.

Mr. Medalla (Philippines): I bring to this Assembly the greetings of our President, Joseph Estrada. This special session of the General Assembly is a landmark event that could pave the way for the international community to work together to fully implement the Programme of Action of the International Conference on Population and Development (ICPD).

As we formulate together a comprehensive set of key future actions, it is crucial not only that we consider those that would strengthen the linkages between population and development, but, more importantly, that those actions should primarily focus on addressing the needs of individuals and families.

In the last 5 years, the Philippines has performed relatively well in relation to the goals set out by the ICPD. The strong support of both executive and legislative branches of our Government has led to major policy and programme changes which have facilitated the implementation of ICPD objectives.

The Philippine Population Programme has undergone a drastic paradigm shift from the divisive context of demographic targeting towards a recognition that population is part of the human development agenda. As a result, the Population Programme was considered to be a necessary investment in people and their quality of life. Institutionally, this shift also highlighted the important role of civil society in the implementation of the Population Programme that has led to viable partnerships with local Governments and non-governmental organizations.

Recently, the Philippine Government has refined its Population Programme to align it further with the poverty reduction programme, making it even more consistent with the ICPD Programme of Action. The new Population Programme aims, first, to help families, especially those with low incomes, to achieve their desired fertility goals; secondly, to prevent teenage pregnancies and early marriage by providing young people with appropriate information and services on population and reproductive health; thirdly, to ensure the health of individuals by improving access to basic social services and reducing infant, maternal and early-childhood mortality; and fourthly, to promote policies that will help Government achieve a favourable balance between population distribution and economic activities.

In support of the Population Programme, the Philippine Government further established the following programmes to articulate the ICPD Programme of Action: the Reproductive Health Programme and the Women's Health and Development Programme. The former spelled out the 10 key elements of reproductive health services, which include family planning, maternal health care, adolescent and male reproductive health, prevention and treatment of reproductive tract infections, including sexually transmitted diseases, HIV/AIDS and prevention of violence against women, among others. On the other hand, the latter aims to integrate women's perspective and address gender issues in all health programmes and services at all levels of the health care delivery system.

Several landmark pieces of legislation and executive directives were passed and issued to support the ICPD Programme of Action. These policies are aimed at achieving the following: first, to improve the coverage and delivery of health services; secondly, to enable women, young people, indigenous peoples and the elderly to participate fully in development; and thirdly, to protect the welfare of women, children and migrant workers and their families.

The Philippine Government likewise, in its desire to pursue a contraceptive independence initiative that would gradually wean the country from dependence on donor agencies for its contraceptive supplies, for the first time will initiate legislative interventions to include in the national Government's budget an explicit, albeit modest contraceptive budget. It is also in the process of assisting the private sector and big corporations to work with non-governmental organizations so that the private sector can assume a bigger and complementary role in the Population Programme.

Despite the progress made so far in relation to these policy and programme shifts, the Philippine Government is fully aware that the Philippines has one of the fastest growing populations in the world. In the period 1990-1995, the Philippine population grew by 2.32 per cent. At this rate, the Philippine population is expected to double in about 30 years, from the present level of 74.7 million. The United Nations Population Division, in its population projection report, also highlighted that the Philippines will be the 12th most populous country in the world by 2025. Unless this trend is corrected and effective population management policies are implemented, the increasing population of the country will definitely exert pressure on the limited resources of the country and have serious repercussions on our efforts to reduce poverty and achieve sustainable development.

Moving on to the proposals for key future actions, we are glad to note that the report of the Secretary-General recognizes the adverse impact of the Asian crisis on the implementation of the ICPD Programme of Action. Because of the crisis, some countries have had serious difficulties in generating government revenues for their population-related activities.

For doing its utmost within its means, the donor community, especially the United Nations Population Fund (UNFPA) and the United Nations system, has done a great service to the affected countries, including the Philippines, and for that I wish to convey my Government's profound gratitude.

On the changing age structure of the world population, we share the concern over the growing aging of the population. However, while the world population of older persons is growing much faster than the population of children, the latter constitute 33 per cent of our population. Hence, future key actions by the

Government, in partnership with civil society, should address both age groups.

It is extremely important to note that resource constraints will tend to limit the measures that the Governments of developing countries can initiate in relation to their aging populations. Given the young age structure of many developing countries, if faced with the choice of allocating resources to programmes for children, as against those for the elderly, priority will probably be given to the former. Recognizing, however, the importance of anticipating the problems of an aging society, we welcome the proposal that the United Nations system document the experiences of countries in the management of their aging population.

The Philippine delegation fully supports the various measures under the section on international migration which are directed at protecting and improving the conditions of migrant workers, particularly female migrant workers, who are easily exploited and harassed. Specifically, we call on those countries that have not done so to ratify or accede to the International Convention on the Protection of the Rights of All Migrant Workers and Their Families.

The ICPD has successfully broadened the perspective of population, especially its linkage with other aspects of national policies, such as poverty reduction, environment and the role of women. At the same time, the new approach towards the broader aspect of reproductive health has made implementation more challenging. It is therefore important that future key actions highlight coordination and integration in the operationalization of programmes. This would mean a stronger partnership with non-governmental organizations and civil society.

On a final note, we believe that success in the implementation of the ICPD Programme of Action will largely depend on the efforts of all sectors in individual countries. However, international cooperation will make a bigger difference especially in countries that lack resources. We shall continue to coordinate with local Governments, non-governmental organizations and civil society to accelerate the implementation of the ICPD Programme of Action. We shall work hard to improve health systems and budget programming to achieve effective and efficient utilization of resources. We would also like to call on our partners in the developed countries to do their part in this global problem. For those who have yet to fulfil their commitment to allocate 0.7 per cent of their gross national product to official development assistance, we urge them to do so and invite them to renew their commitments to the ICPD and fulfil the agreed targets for financial assistance.

It is also in this respect that we assure them of our commitment to utilize effectively official development assistance and meet the goals we all set in Cairo five years ago.

The President (*spoke in Spanish*): I now give the floor to the Minister of Planning, Implementation and Public Service Affairs of Antigua and Barbuda, His Excellency The Honourable Gaston Browne.

Mr. Browne (Antigua and Barbuda): It is my honour to make this intervention on behalf of the Government of Antigua and Barbuda at such an important meeting of the General Assembly. It is, however, incumbent upon me to advise the General Assembly that our first Prime Minister and national hero, The Honourable Dr. V. C. Bird, Sr., passed away last Monday. As a result, my country is currently in a state of mourning.

Antigua and Barbuda is a twin island State with an area of 170 square miles, located in the eastern Caribbean. The country has a monocultural economy, with tourism contributing 70 per cent of our gross domestic product. Although the country enjoyed a high level of economic growth during the 1980s and early 1990s, our vulnerability to natural disasters and structural constraints limiting our economic options have resulted in significantly slower rates of growth in the late 1999s.

My Government is fully committed to the empowerment of our people and has implemented effective policies and programmes to resolve a number of the socio-economic and demographic imbalances that exist within the State. Correcting these imbalances has proved costly and unsustainable in some cases, because of the limited resources available to our country. The problem is compounded by the continued emigration of our trained and skilled human resources and the influx of immigrants from neighbouring Caribbean countries. This influx of immigrants has impeded the country's ability to properly provide for the housing, economic, educational and health needs of its inhabitants. For example, the accommodation of over 3,000 Montserratians in their flight from the volcano represented an overnight increase of 5 per cent to our population, and this has taxed our capacity to cater for the needs of even our own people.

Since the International Conference on Population and Development (ICPD) in Cairo in 1994, the Caribbean has been struck by four devastating hurricanes, and Antigua and Barbuda has sustained severe damages. As a result, national priorities were shifted. Nevertheless, my Government has made significant strides in the implementation of the recommendations. Levels of fertility, infant mortality and morbidity rates are all at internationally acceptable levels, and Antigua and Barbuda ranks twenty-seventh in human resource development, as cited in the United Nations Development Programme Human Development Report 1998. The problems of crime, substance abuse and the containment of HIV/AIDS are all priority issues for my Government. Other areas of concern which are being given priority attention are poverty alleviation, gender and development, violence against women, single parenting and the care of the elderly and the physically and mentally challenged.

My Government has been working closely in partnership with various non-governmental organizations and with the private sector to mobilize community and family support in increasing the access and acceptability of reproductive health services to better meet the needs of our people, in particular women and teenage mothers. Through agencies such as the Welfare Department and the Child and Family Guidance Centre, the emotional needs of disturbed and abused children are being addressed. To address the needs of adolescents and youths in Antigua and Barbuda, programmes have been implemented by agencies such as the Alliance for Social Well Being and the National Youth Organisation. Other initiatives include a Land for Youth Programme, where land is being sold on credit, at concessionary rates, to young people between the ages of 18 and 36. Also, a National Technical Vocational Training Institute was established to promote vocational training for young people in Antigua and Barbuda.

My Government is especially committed to the empowerment of the socially and economically challenged. We have improved the status of women at the national level by promoting them into senior positions within the public sector. In the area of violence against women, legislation has been enacted to give greater protection to women.

It is to be noted that despite our limited resources, significant strides have been made since Cairo 1994, and with continued support, Antigua and Barbuda can move into the twenty-first century with a high level of optimism. There is much more to be done, but it must be clearly understood that no country, by itself, can achieve all of the objectives set by the ICPD in 1994. Countries must work cohesively and collaboratively with each other and give support to the most vulnerable States. This type of alliance is the only kind that will effectively realize the goals and enhance the aspirations of all mankind.

Change has become a characteristic of our times, and whereas these changes — which include globalization and trade liberalization — bring with them opportunities in telecommunications and information technology, they have also created further threats to small island States, thus increasing their vulnerability to economic shocks. The cooperation of the developed countries is required to assist small vulnerable States so that they can keep abreast of these changes so that we are not left behind, resulting in the dislocation and impoverishment of our people.

It is the desire of my Government to ensure that our people enjoy decent standards of living, and like other vulnerable States, we have had to borrow extensively to sustain economic growth and development, resulting in a serious strain on my Government's finances. Additionally, we have had to borrow repeatedly to repair infrastructural damages from hurricanes, resulting in multiple loans for the same purpose.

The responsibilities of small island States are enormous, and in the absence of truly vibrant private sectors to lead economic growth and development, as in developed countries, the tasks performed by these Governments have grown and become more burdensome day by day. The increase in expenditure and the reduction in revenue from fierce competition and declining access to protected markets has resulted in fiscal deficits for several of these countries.

The per capita income criterion which is being used to determine the status of small island States is unfair and misleading. This has resulted in a reduction in the flow of much-needed development assistance for small vulnerable States such as ours. The level of per capita income does not always correspond with the level of development, as there are serious and growing pockets of poverty in a number of these States which require urgent attention.

Due to financial constraints, Governments are finding it increasingly difficult to provide adequate resources simultaneously for infrastructural services and the alleviation of poverty. Hence, there is the risk of the poor becoming even poorer in these countries, with the

attendant risk of an increase in crime, including drug-trafficking.

We believe that the distribution of wealth, the vulnerability of States, the evidence of poverty and the indebtedness of these countries should be given more emphasis in determining their eligibility as recipients of aid. Future assistance to small vulnerable States should be proactive and responsive to sustain and build their economic capacities in order to avert their disintegration into Heavily Indebted Poor Countries. The domestic social consequences, the attendant security threats and the flow of refugees to developed countries would prove much more costly without this proactive and responsive approach.

In this regard, I call upon the more developed countries to continue to lend financial and technical cooperation to these vulnerable States. The traditional donor agencies such as the United Nations Development Programme, the United Nations Population Fund, the Pan American Health Organization, the World Health Organization and the Economic Commission for Latin America and the Caribbean must be encouraged to persist in their efforts to bring hope to our people by assisting our countries in expanding our socio-economic capacities.

The President (*spoke in Spanish*): I now call on Mr. Erick Reyes Villa, Minister of Development and Planning of Bolivia.

Mr. Reyes Villa (Bolivia) (*spoke in Spanish*): The examination and review process that is culminating in this special session of the General Assembly has demonstrated the political will of all countries to adapt their policies to the Cairo Programme of Action. Therefore, in gratitude for the renewal of the global commitment to adopting a set of proposals, measures and future actions to move the Programme of Action on population and development forward, I wish to commend Ambassador Chowdhury of Bangladesh on the work he did in the difficult task of negotiation and compromise in the preparatory committee. I should like also to express my gratitude to the United Nations Population Fund for its work, which has helped put the Programme of Action into effect at the national level, and to congratulate you, Mr. President, and assure you of my delegation's commitment to and interest in achieving auspicious results for all Member States.

The guiding principle of my Government's action to combat poverty is sustainable development within a framework of human rights. We understand sustainable development as a comprehensive and complex process with the objective of improving the quality of life for the whole population through productive growth, social development with equity and full participation by citizens under the precepts of conservation of natural resources and preservation of environmental quality. To this end, the Bolivian State has set up political and legal foundations ensuring that the whole population can participate in decision-making processes and social control over how the laws are applied and over the actions of the authorities.

Also, in the nearly five years since the Cairo International Conference on Population and Development, Bolivia has made significant progress in implementing the Conference's recommendations, thereby demonstrating its commitment to the Programme of Action adopted there. The importance that the Government of Bolivia attaches to population matters is reflected in its comprehensive plan for economic and social development, which, under the concept of sustainable development, cross-cuts the areas of population, gender and generational and ethnic matters and highlights reproductive health as a matter of government policy. This way of looking at the population issue goes beyond the demographic perspective, turning it into a fundamental element of the economic, environmental and social dimensions of development and within the objectives and strategic outlines for each dimension. The comprehensive plan for economic and social development sets out as objectives and policies the easing of migratory movements, developing the urban periphery, rationalizing the use and management of natural resources, improving environmental quality, the gender perspective and reproductive health.

In Bolivia, sexual and reproductive health is an intersectoral programme that deals comprehensively with sexuality and reproduction from a gender perspective in education and in primary health care services by seeking to ensure provision of information, quality of care and equal access in all phases of men's and women's life cycles while respecting their ethnic and cultural identities and their exercise of their sexual and reproductive rights.

Within the framework of respect for human rights and strengthening democracy, the Bolivian State intends to continue seeking alternative models for dealing with sexual and reproductive health within the context of the social, economic, political and cultural factors that come into play in health matters. Thus, action has been taken over the last decade in line with the continuous evolution and extension of sexual and reproductive rights. The subject of sexuality as part of the formal and informal

school curriculum has been incorporated into educational reforms. And, together with civil society, we have made efforts to improve access to complete, objective and timely sexual and reproductive health information and services in all their component parts. Indeed, the national plan for comprehensive health care for adolescents and young people recognizes that male and female teenagers are capable within the law of taking informed and responsible decisions about their sexuality and reproduction, and that for them to do so they must be provided with suitable guidance and accessible services just for them.

We have also made significant legal and regulatory progress in terms of gender, including the Law against domestic violence and the regulations ensuring its implementation. There is also the Supreme Decree on equal opportunities in every area for men and women. Implementation of the Decree will be possible to the extent to which we continue strengthening the mechanisms that ensure equal participation by women and men at all levels of decision-making in the family, in politics and in public life, and to that end the Bolivian State is committed to gender mainstreaming in all public policy. This progress has been achieved thanks to the Bolivian Government's political will, participation by civil society and cooperation from international bodies and donors.

Like Bolivia, many developing countries have made progress in institutionalizing population policies that are now in the process of being fully implemented. We think it is important to heed the request from these countries for greater support and commitment on the part of the developed countries in order to consolidate those processes and attain the objectives of the Programme of Action. We believe that the alliance between the developing countries — whose input to population and development programmes has been even greater than promised in Cairo — and the developed countries — in their capacity as strategic partners for world development with the unavoidable responsibility of providing the promised technical and financial support for fulfilling Programme of Action commitments — needs to be strengthened in this way.

For its part, Bolivia will remain resolute in strengthening its population and development programmes, including those covering sexual and reproductive health and promoting gender equality, because those programmes are vitally necessary if Bolivia is to break the cycle of poverty and if sustainable and sustained growth is to become possible.

The President (*spoke in Spanish*): I now call on His Excellency Mr. Antonio-Fernando Nve Ngu, Minister of Planning of Equatorial Guinea.

Mr. Nve Ngu (Equatorial Guinea)(*spoke in Spanish*): Allow me first to convey to you, Sir, on behalf of the delegation of Equatorial Guinea and on my own behalf, warmest congratulations on your well-deserved election as President of the General Assembly at this special session and to commend you for your skilful guidance of our debate.

I am greatly honoured to address this lofty Assembly on behalf of the head of State of Equatorial Guinea and on my own behalf.

The holding of this important session at the threshold of the third millennium proves once again how important the international community considers the questions of population and development.

The Government of the Republic of Equatorial Guinea, mindful of the challenges facing countries today, would be remiss if it did not make its contribution to the discussions of this important Assembly. Those challenges call for vigorous action and increasingly close solidarity throughout the international community.

Following the participation of the Republic of Equatorial Guinea at the International Conference on Population and Development, held in Cairo in 1994, and at the Beijing Conference in 1995, the Government has taken a number of priority measures connected with the recommendations included in the respective plans of action.

In 1997, the Government of the Republic of Equatorial Guinea organized a national economic conference whose goal was to strengthen the capacity for effective management, administration and allocation of available resources in order to improve the level and the quality of life of the population of Equatorial Guinea on a basis of equity and in a lasting fashion.

The strategic approaches taken by that conference integrate perfectly the various recommendations of the Cairo Conference with respect to access to and use of high-quality reproductive health services for all the people of Equatorial Guinea; heightened awareness of population and development issues among policy makers, opinion leaders and religious leaders; the promotion of gender issues with a view to reducing the disparity

between men and women and the rich and the poor; and the promotion of basic education for all.

In line with this thinking, the Government has earmarked 40 per cent of public expenditure for the social sector, which is broken down as follows: education and science, 15 per cent; health and the environment, 10 per cent; social affairs and status of women, 4 per cent; and other social sectors, 11 per cent.

In the health sector, the Government policy aims to achieve the following objectives by the year 2003: cutting the infant mortality rate by 50 per cent; a reduction in maternal mortality from 4 per thousand to 2 per thousand; the eradication of polio, neo-natal tetanus and diseases caused by vitamin A deficiency; reducing levels of severe malnutrition to 0.75 per cent and in moderate malnutrition by 10 per cent; a 95 per cent increase in vaccination coverage; the development and implementation of a national strategic plan to combat AIDS, which is a concern of the Government of Equatorial Guinea; and greater awareness of the health problems of young people and adolescents, relating to sexual activity, fertility at an increasingly early age and the spread of sexually transmitted diseases in this age group, which represents 23.3 per cent of our population.

In the area of population, the Government's current strategy is to seek to ensure that population growth does not place undue pressure on the environment and does not exceed the capacity of the economy to create jobs and generate income or lead to increased poverty.

To this end, it emphasizes family life in education. We are expanding employment prospects for women and incorporating the population policy into the Government strategy. A strategy has been implemented on the basis of the principles of sustainable human development, the continued growth in acquiring new knowledge, culture, the spirit of invention and popular participation through the establishment of an organized, stable and strong society with transparent and efficient institutions.

The issues relating to the advancement of women form one of the priorities of the Government of Equatorial Guinea, and thus, with a view to meeting the requirements of women, the Ministry of Social Affairs and the Status of Women was created, whose overall objectives, among others, are to boost human development through participation and by promoting equity, as well as to organize, administer, coordinate and execute policies, plans, programmes and measures designed to improve the status of women and promote their rights.

In this context, the women of Equatorial Guinea have particularly and positively distinguished themselves through their participation in the Cairo Conference in 1994 and the Beijing Conference in 1995. The follow-up measures to the recommendations of those Conferences were immediately put into effect with the participation of women, young people, adolescents and men from throughout the country.

Among the main measures to strengthen the promotion of women, we should note the strengthening of cooperation among public departments, the private sector and the non-governmental organizations to promote gender issues; the establishment of a strategy to promote gender issues, particularly with respect to the elimination of all forms of discrimination against women, full and fair access to economic resources, including the right to inheritance, ownership of lands and other property, credit, natural resources and appropriate technology; and promoting access for women to decision-making, which is reflected in a significant presence for women in the Government, the Parliament, the Supreme Court of Justice and other public institutions.

As it carries out activities related to the recommendations of the ICPD and of our own national economic conference, my Government has always benefitted from the technical and economic support of its main partners, such as the United Nations Population Fund (UNFPA), the World Health Organization, the United Nations Children's Fund and others. In that connection, my Government has signed five agreements with UNFPA on projects for the period 1998-2002 in the context of its third country programme for Equatorial Guinea. I take this opportunity to express the gratitude of the Government of Equatorial Guinea to those institutions for their constant assistance.

I wish in conclusion to express the gratitude of the head of State of the Republic of Equatorial Guinea, His Excellency Mr. Obiang Nguema Mbasogo, to all development actors and friendly countries for their unflagging efforts to promote the well-being of the population of Equatorial Guinea.

The President (*spoke in Spanish*): I now call on the Honourable Mr. L.V. Ketso, Minister for Finance and for Development Planning of Lesotho.

Mr. Ketso (Lesotho): My delegation is grateful to be participating in this important special session on population and development.

When we adopted the Programme of Action at the International Conference on Population and Development (ICPD) in Cairo in September 1994, we were committing ourselves to support of strategies aimed at enhancing quality of life for families and individuals through recognition of their right to quality services. The ICPD was indeed a turning point that marked a departure from the notion of population control to that of a human-rights-based approach in addressing our demographic concerns.

As we meet today to review progress and agree on strategies that will strengthen further implementation of the ICPD Programme of Action, my delegation would like to thank the United Nations Population Fund (UNFPA) and the Population Division of the Secretariat for spearheading the global review process, where the views of non-governmental organizations, parliamentarians and young people have been taken into consideration. At the Africa regional level, our due appreciation goes to the joint secretariat of the Economic Commission for Africa, the Organization of African Unity and the African Development Bank for having now taken the leading role in the assessment of Africa's performance towards the achievement of the ICPD objectives.

That review indicates that in general there has been some measurable worldwide progress in the implementation of the various areas of the ICPD Programme of Action. However, in these first five years of implementation we have also witnessed a decline in official development assistance, as well as political crises which have resulted in instability in a number of regions in the world. These events have disrupted the smooth running of programmes and the provision of services, and have contributed to added unemployment and hence to increased levels of poverty. On the other hand, the unprecedentedly high pace of globalization has exerted increased pressure on all of us to reflect on today's realities and to maintain the universal ethical standards that provide people with a variety of affordable choices. This calls for a rearrangement of our expenditure patterns to place greater emphasis on population programmes, health and education. However, our economic difficulties have dictated otherwise.

At the national level, the Kingdom of Lesotho has given increasing attention to population issues since the early 1970s. However, greater progress was achieved only after 1994, with the revision of the Lesotho national population policy to respond to emerging national demographic concerns as well as to the pertinent recommendations of the ICPD Programme of Action. At the moment, consultations are continuing with various stakeholders at the district level to solicit their views and inputs into the revised policy.

In the area of reproductive health, the Lesotho Safe Motherhood Initiative, which is a comprehensive programme aimed at reducing the levels of infant, child and maternal mortality, was launched by the Ministry of Health and Social Welfare on 18 November 1993. Community-based distribution of contraceptives and the social marketing of condoms have been institutionalized within the framework of this programme; and having seen the success of the programme, the Lesotho Government is now in the process of expanding activities beyond the initial pilot sites. Also, given our heavy reliance on donor support, the Lesotho Government has been progressively increasing its counterpart contribution towards the purchase of contraceptives.

The in-service training curricula for midwives, nurse assistants and community health workers have been revised to be in line with the latest developments in the field of reproductive health and to integrate issues related to the prevention of sexually transmitted infections, including HIV-AIDS. With adolescents identified as one of the special target groups, the Government has since 1994 been implementing a national adolescent health and development programme. Under the umbrella of this programme, three adolescent health centres have been established to provide services and counselling, and plans are under way to increase the number of these centres from three to six. Peer education is another strategy that has been adopted to raise the level of awareness among youth on issues relating to their health in general and to their reproductive health in particular.

In Cairo we agreed that we would not be able to make any meaningful development progress without the full emancipation of women. Thus, in our country a number of non-governmental organizations are working with women at the grass-roots level in an effort to raise their awareness about their legal rights and about the need to break the silence on issues of rape and domestic violence. A law reform commission has also been set up with the aim of reviewing all laws that are discriminatory. Efforts have also been made to have gender concerns well focused, coordinated and mainstreamed into development plans. In order to achieve this, a draft policy on gender has been produced and is

being discussed with various stakeholders. A new Ministry of Environment, Gender and Youth Affairs has also been recently established. It is hoped that this strengthened institutional capacity will have the required catalytic effect towards gender equity and equality in Lesotho.

In spite of the progress made in the few areas I have mentioned, Lesotho is still faced with a number of challenges in the area of population and development. Foremost is the pro-natalist socio-cultural environment within which population programmes have to be implemented. In this regard a socio-cultural study is being undertaken in order to identify issues that can be addressed through population and family life education, which is being institutionalized in the formal education system of the country. Phase one of this study, which analyses the qualitative aspects, has been completed.

Another problem is that of the HIV pandemic and the threat it poses to our socio-economic development. In our country, it is younger people who are mostly affected, yet we are still at the stage of denial with regard to the existence and spread of HIV-AIDS; hence the reluctance to take preventive measures. Nonetheless, the Lesotho Government has established a national AIDS prevention and control programme whose aim is to monitor and control the spread of HIV infection. It has also sensitized senior Government officials about the need to raise the level of awareness about HIV-AIDS, as well as to embark on preventive measures.

At the political level we are convinced and committed about the long-term value of population programmes. What we need is to double our efforts to accelerate and improve the implementation of the ICPD Programme of Action. In this regard, as we search for strategies to enhance our performance, we agree in general with the Secretary-General's proposals, which were negotiated at length during the meetings of the preparatory committee for this special session of the General Assembly. My delegation would like in particular to state Lesotho's position on several elements. First, we need to intensify our efforts to integrate population variables into the development planning process by equipping planners and, indeed, decision makers with a better understanding of the relationship between population, poverty, gender inequity and inequality, health, education and the environment, to mention just a few.

The linkages between these areas are massive and therefore have to be clearly understood by all. We must therefore work hand in hand with the international community to stimulate direct investment, reduce the debt burden and ensure that structural adjustments are responsive to our social, economic and environmental concerns.

Secondly, we affirm that women's rights are also human rights. This affirmation calls for an honest and serious move towards the eradication of gender disparities in all aspects of life. However, while we agree that the girl child must be protected from harmful traditional practices, must be supported so that she can attain higher levels of education and, as an adult, must be free to make decisions for herself, we believe that attention should also be given to the boy child through strategies that accord him the necessary education and socialize him with regard to family responsibilities so that he can build a stronger partnership with his female counterpart.

Lastly, in Cairo we agreed that we would not promote abortion as a method of contraception. However, we also recognized the health complications suffered by women because of unsafe abortions, as well as the costs incurred by the health sector in the management of such complications. The extent to which unsafe abortions occur is a reflection of the gap that exists between the supply of and the demand for contraceptives. As Governments, we must shoulder our responsibility and therefore intensify our efforts to procure contraceptives and ensure their equitable distribution to all those who need them. We must also ensure that the attitudes of health providers and other service providers do not restrict the access of young people to the services and information they need.

In conclusion, my delegation would like to submit that as we continue with the implementation of the ICPD Programme of Action, we should also put emphasis on the following: increased efforts for resource mobilization for population programmes at both national and international levels; strengthened partnership between Government, private sector and non-governmental organizations; and increased recognition that Government leadership and commitment are as important as the resources that are needed.

It is in the light of our appreciation of the progress we have made, and on the basis of the realization of the many challenges that still lie ahead, that the Kingdom of Lesotho welcomes this opportunity to reaffirm its commitment to the goals and objectives of the ICPD Programme of Action.

The President (*spoke in Spanish*): I now call on His Excellency Mr. Raul Taladrid, Vice-Minister for Foreign Investment and External Cooperation of Cuba.

Mr. Taladrid (Cuba) (*spoke in Spanish*): First of all, I should like, on behalf of the Cuban Government, to congratulate you, Sir, on your election as President at this special session of the General Assembly devoted to examining and assessing the implementation of the Programme of Action adopted at the International Conference on Population and Development (ICPD). We are certain that under your steady guidance our work will be led to a satisfactory conclusion.

The International Conference on Population and Development, held in Cairo, Egypt, in September 1994, marked a significant stage in the promotion of a new strategy to tackle population issues on the basis of the close link between population and development. It acknowledged that the right of all citizens to health, education, food and employment, and the need for an improvement in the social, political, cultural and economic status of women, are essential for sustainable development. Instead of setting demographic goals, a new criterion was developed, based on human needs and development.

For my country, the agreements adopted in Cairo are still fully valid and important. The question now is not about how to revise them but about how to implement them in today's complex world situation.

The process of globalization that is taking place worldwide, and which is becoming more comprehensive and challenging every day, has been channelled through neo-liberal policies that have come to be part of the ideological, political and economic project promoted by the main world Powers. This, undoubtedly, has had a negative impact upon the development efforts of most of the countries of the South, especially with regard to their expectations of socio-economic development, and it affects, in particular, their population policies.

In socio-economic terms, the last few years have been characterized by three main elements: a growing inequality in the distribution of wealth, a rise in unemployment and an increase in poverty.

The peoples of the third world have the right to develop their economies and, in accordance with their interests and development priorities, to adopt population policies suited to their realities, in order to use their resources, which are scarce, and their political will, which is, however, firm, to resolve essential issues of health, education, nutrition, social security, employment and housing, and to ensure that women are integrated into society on a basis of equality, justice and peace.

The right to development and equitable social well-being is, and will always be, a fundamental human right for which we, as developing countries, will struggle. Without sustainable economic growth, it will be very difficult to cope with such challenges.

The debate during this special session of the General Assembly reveals that, despite the achievements, there is still a long way to go to attain full implementation of the Programme of Action of the International Conference on Population and Development. In order to bridge this gap, the developing countries need the support of the international community. It is regrettable to note once again the continuing decrease in official development assistance and the lack of political will on the part of many donors to reverse this trend.

Amid such a difficult and complex world situation, in 1959 Cuba adopted a comprehensive concept of development which set out to link together economic and social aspects for the benefit of the whole population. Such aspects include the educational programmes implemented, starting with the literacy campaign, which have led to an average ninth-grade educational level today; primary health care, which, with the family doctor and nurse programme, has achieved 98 per cent national coverage; guarantees of a job in decent working conditions for the vast majority of those in the population who are able to work; the incorporation of women into society not only as beneficiaries but as active participants in the development process in which the country is involved, on the basis of the principle of equal rights for both sexes; a comprehensive and thorough health policy for all people, aimed at controlling and eradicating communicable diseases and creating and improving basic pre-natal and post-natal programmes, as well as at providing comprehensive care programmes for women, young people and the elderly; an extensive sex-education programme; and a social security and assistance policy that leaves no social group unprotected.

These and other actions have enabled Cuba to reach this century's final decade with indisputable achievements, even in the grip of a tightened brutal blockade imposed by the United States. This blockade has harshly restricted the development of our policies and programmes and has and continues to threaten our social

successes and satisfactory demographic indicators achieved through great effort.

I will cite but a few indicators that attest to these accomplishments: the infant mortality rate in 1998 was 7.1 per 1,000 live births; the 1998 mortality rate for children five years of age or under was 9.2; the maternal mortality rate was 2.6 per 10,000 live births; life expectancy is 74.83 years — 74.7 for men and 76.9 for women; and the average ratio of teachers is 1 to 44 students.

Despite these breakthroughs, it is necessary to continue to focus specific attention on adolescents, to examine the problems related to the ageing of the population, to eliminate sexist stereotypes that still persist in our society and that limit full gender equality in sexual and family life, and to work towards increasing preventive and educational actions related to HIV/AIDS and sexually transmitted diseases, so as to foster heightened risk perception in the Cuban population, among others.

In the face of the seriousness of the present situation, one can only feel indignation. The only possible response from the international community is the commitment to encouraging the efforts initiated five years ago and to working together to fulfil all the agreements contained in the Programme of Action adopted in Cairo: to fight poverty, illiteracy, selfishness, war and barbarism and to bring our peoples the security they need and deserve for a dignified life in the future.

The President (*spoke in Spanish*): I now give the floor to Her Excellency Mrs. Rossana de Hegel, Under-Secretary General for Planning of Guatemala.

Mrs. De Hegel (Guatemala) (*spoke in Spanish*): Five years ago, the Government of Guatemala endorsed a set of guidelines derived from the Programme of Action of the International Conference on Population and Development, held in Cairo.

Despite our identification with the broad principles and objectives laid down in that Programme of Action, which we reaffirm today, we have entered certain reservations to that Programme, in keeping with our Constitution, which obligates the State to guarantee and protect human life from the moment of its conception. This is a basic principle underlying our population policy. It justifies cur support for the majority of the sectoral objectives laid down in the Programme of Action, particularly in the areas of health, education and the role of the family, the latter being understood as the union between man and woman, which is the origin of life.

On these bases we have made progress in fulfilling the guidelines arising from the Programme of Action. Aware as we are of the interrelationship among population, poverty, patterns of production and consumption, and the environment, we have undertaken to foster sustained human development and a clear agenda for democracy. This national commitment was embodied in the Peace Agreements concluded on 29 December 1996. A broad overlap exists between the substance of the obligations undertaken in those Agreements and that of the commitments laid down in the Cairo Programme of Action, so that progress in respect of the former automatically translates into progress in terms of the latter.

The Peace Agreements, which are important in themselves and have a far wider significance, have also had a deep and immediate effect in that they have normalized the living conditions of over 1 million internally displaced persons and resulted in the return of almost 42,500 refugees who had remained in Mexico throughout most of the armed conflict. The Ad Hoc Commission for Assistance to Refugees, Repatriates and Displaced Persons officially wound up its work on the 24th of last month, thus closing a painful chapter in our history that had altered population dynamics in the country. Incidentally, I would like to reiterate the gratitude of our Government to the Office of the United Nations High Commissioner for Refugees, to the people and Government of Mexico and to other friendly countries that supported us in this endeavour.

A fundamental factor in public policy that seeks to modify long-term population dynamics in Guatemala has been a sustained increase in social expenditure. According to official figures, between 1995 and 1998 social expenditure represented, on average, 40.2 per cent of public expenditure and 4.1 per cent of the gross national product. Last year, social expenditure rose to the level of 5.8 per cent of the gross national product.

This expenditure has focused not only on social sectors, but also on priority care for vulnerable groups: families, women, ethnic groups, children and young people. The fundamental strategy pursued has been to involve the communities themselves in the provision of health and education services, which has contributed to a more rapid expansion of coverage and the sustainability of services.

In conformity with the provisions of the Peace Agreements, the Beijing Summit and the policy for the advancement of women, as well as the National Plan for the Promotion of Equitable Conditions, the Government is taking strategic measures to enhance recognition of the role of women and their equal access to opportunities that can lead to an improvement of their status and the quality of their life. The National Women's Forum has been established, with the participation of women from diverse sectors of civil society and women representatives of the Government of Guatemala. Their mission is to monitor compliance regarding women in development contained in the framework of the Peace Agreements. The Law to Promote the Dignity and Integral Promotion of Women and the Law to Prevent and Eradicate Domestic Violence have been enacted and educational reform has been initiated. All these measures involve substantive elements that can contribute significantly to the permanent elimination of all forms of violence and discrimination against women. I might add that our commitments in these areas are promoted and monitored by the National Forum for Women.

Similarly, the National Plan for the Reduction of Maternal Mortality — the programme known as "Women, Health and Development" — the National Plan for Adolescents and the Health Code adopted in November 1997 involve measures aimed at improving the health of women and children.

Our Constitution requires the State to guarantee the social, economic and legal protection of the family and to seek to ensure that it be based on legal marriage, equality of rights between spouses, responsible parenthood and the right of all persons to decide freely on the number and spacing of their children.

Mr. Ortega Urbina (Nicaragua), Vice-President, took the Chair.

In this regard, the Government of Guatemala is deeply respectful of the moral, cultural and ethical values of the people and institutions that make up our society. Accordingly, the basic tenet of our population policy is that any activity in this area must be in conformity with the laws in force and be based on the consent of the people concerned. Just as in our multiethnic and multicultural society we respect the beliefs of all Guatemalans, we do not hamper the work of those who, from a different perspective and in compliance with our legal system, carry out activities seeking to modify population dynamics.

Such is the spirit of dialogue and harmonious accord that animates the Peace Agreements. Such is the conviction underlying the actions of our Government in the area of population policy.

The President (*spoke in Spanish*): I give the floor to Her Excellency Mrs. Lydie Err, Vice-Minister for Foreign Affairs of Luxembourg.

Mrs. Err (Luxembourg) (*spoke in French*): First of all, I would like to join in the statement made by the Deputy Interior Minister of Germany giving the point of view of the European Union, which we obviously share.

Five years after the International Conference on Population and Development in Cairo, world population is moving inexorably towards the figure of 6 billion individuals. Faced with this unbridled demographic pace, it is even more alarming to note that development sectorial indicators in terms of public health, education and migration will not soon significantly improve. Individuals numbering 1.3 billion, the majority of them women, are living on less than one euro a day. More than a billion people have access neither to basic health services, to education, nor to drinking water, and curable diseases continue to wreak havoc among the poorest people. Every year some 550,000 women die following childbirth, some 80,000 following an abortion, and each year some 75 million women become pregnant against their wishes.

From these few figures, then, we can see the enormous challenges and the efforts that will be necessary in the years to come. But this special session of the General Assembly has also the mission to review and appraise what we have done since the Cairo Conference and, above all, to think together about the best possible implementation of the Programme of Action under discussion.

During the adopting of the Programme of Action five years ago, we were well aware that in order to ensure the efficiency and the follow-up of the International Conference and to strengthen intergovernmental capacity for dealing with issues of population and development, the implementation of the Programme of Action should be considered regularly. I will endeavour, therefore, to tell you of the efforts made by my Government in the past five years, both internally and internationally, notably through our activities in cooperation for development.

By way of background, here are a few figures and statistics regarding recent and future demographic developments of my country. As of the first of January of this year, the population of the Grand Duchy was some 430,000 inhabitants. The nineties were marked by sustained population increase, with the annual increase varying between 13 and 15 per thousand. This development is essentially due to a high net immigration. This having been said, the extent to which births exceeded deaths also increased. The current fertility rate has gone up by 1.7. Life expectancy at birth is 73.5 years for men and 79.6 years for women. Infant mortality rates are now at five per thousand.

The age structure has been greatly affected by migration linked to the needs of the labour market. More than 60 per cent of the population is between the ages of 20 and 64. The portion of those under 20 years has gone up to 24.3 per cent; the portion of those over 65 is 14.3 per cent. Population developments in the decades to come will depend broadly on trends of migratory flows which are difficult to predict. Discussion has begun of the maximum desirable population for a small country such as Luxembourg.

Regarding population policies which have been implemented in Luxembourg within the framework of the Programme of Action, we should emphasize that our Government is being guided by the principles of unconditional respect for human dignity and human rights and the right of couples to decide freely on the number and spacing of births, as well as respect for the superior interests of the child as they stem from Convention on the Rights of the Child. From these guiding principles stem a whole series of political actions which are characterized by their voluntary nature. The freedom of having or not having children is manifest in having control of fertility with, as a corollary, responsible parenting. The freedom of family choice presupposes positive action from the public authorities and from society as a whole. It follows that families must find the moral and material support of their Government. The actual translation into practice of this approach is reflected in a global, integrated approach in our family policy. Actually, the family, in all of its forms, is considered the best place for the growth and well-being of all of its members, in particular the children.

In recent years, the Luxembourg Government has emphasized its position through three important activities, which have led to legislative acts. Paid paternal leave has been introduced to help combine family and professional life, and this with respect for gender equality. Family allowances and housing assistance have been increased substantially in order to support families financially. Finally, dependents' insurance has been introduced in order to enhance solidarity among generations.

The demographic reality in Luxembourg and the relevant family policies are characterized by a high proportion of foreign residents. They represent more than 35 per cent of the total population. This important influx of migrant workers in recent years has been increased by a growing number of border workers who live in neighbouring countries, as well as both legal and illegal migrants, including those seeking asylum.

In the area of public health, I shall confine myself to the situation regarding AIDS and HIV infection in Luxembourg. From 1994 to 1999, HIV infection increased at the same pace as between 1985 and 1994. We can say, then, that the rate of infection has stabilized but has not gone down. Seventy-eight percent of those infected are men, as opposed to 22 per cent who are women who, however, are infected at a younger age than men. On the other hand, the cases of full-blown AIDS and deaths resulting from it have gone down since the introduction in Luxembourg in 1996 of new therapies involving at least three anti-retroviral medications.

Aware of the extremely difficult situation of the majority of the populations of the developing countries, the Government of Luxembourg decided several years ago to systematically strengthen its policy of cooperation for development. In particular it decided to increase regularly its official development assistance; this will reach 0.7 per cent of our gross national product by the year 2000. Luxembourg has also chosen to focus its cooperation on social sectors, and in particular on the sectors of education and health. Half of our bilateral official development assistance pertains to these sectors. Similarly, we fully support the Twenty-Twenty Initiative of the World Summit for Social Development in Copenhagen.

The political will to provide resources for coherent cooperation and action in a small number of developing countries was supplemented in 1996 by a law on development cooperation which, above and beyond health, puts education and the advancement of women on the same level as sectors for priority action. Many bilateral projects, government to government or co-funded with non-governmental organizations, or multilateral projects — especially with the United Nations Fund for Population Activities (UNFPA), United Nations

Development Fund for Women (UNIFEM) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) — are the concrete manifestation in developing countries of this policy of cooperation.

Aspects of reproductive health and the health of young people are given priority, for example, in a plan to combat female excision which we are implementing together with UNFPA in Mali. I would like to commend, in this context, the commitment of the United Nations bodies and agencies and particularly UNFPA to carrying out the objectives of International Conference on Population and Development. Their tireless work, like that of non-governmental organizations active in this sector, has helped to achieve substantial progress in these key areas and to transform public awareness and its attitude towards development.

We are in a position today to take stock of the encouraging results achieved in the implementation of the recommendations of the Programme of Action. We must note, however, that our efforts remain insufficient. Thus, we cannot in any way rest on our laurels. I can assure the Assembly that, as in the past, Luxembourg is ready to assume its domestic and international responsibilities in this regard.

The President (*spoke in Spanish*): I now give the floor to Her Excellency Mrs. Simona Marinescu, Secretary of State of the Ministry of Labour and Social Protection of Romania.

Mrs. Marinescu (Romania): It is a great honour for me to attend such an important event and I avail myself of this opportunity to convey my congratulations to the President for submitting to this special session of the General Assembly such a topical question as the review and appraisal of the implementation of the Programme of Action of the 1994 Cairo International Conference on Population and Development (ICPD).

Romania aligns itself with the statement made by Germany on behalf of the European Union. Therefore, I should like to refer to the Romanian perspective on the issues under consideration.

The Programme of Action redefined the world's views on population growth and the best ways of addressing this challenge. It placed this issue in the context of sustainable development and asked for investments in human development, especially for improvements in women's status and health as key elements for stabilizing population growth.

On the eve of the twenty-first century, countries have to identify and review the successes of and obstacles and future challenges to the implementation of the Cairo Programme of Action. In this context, the Romanian Government has taken steps to integrate population concerns into its development strategies and has adjusted its policies and institutions to reflect the broader emphasis on women's status and health. It has also focused its policies on population groups — such as children, young persons, women, the elderly and migrants — having particular needs that might affect the quality of their lives.

The new vision for the twenty-first century calls for greater equality between men and women, stronger partnerships between Governments and the private sector and the greater involvement of local communities. In Romania, the demographic trend in recent years has been influenced by complex economic and social factors, such as the freedom of couples to decide their desired number of children; the housing shortage and the low access of young people to their own dwellings; unemployment and immigration.

The base of the population pyramid shows a slow but steady narrowing, the result of declining fertility and increasing mortality among adults. The changes in the age structure have also altered the dependency burden, the share of the population that is likely to require financial support from the working-age population.

Aware of the ageing population challenge, the Romanian Government is currently undertaking reforms of the social insurance and social welfare systems. A series of social insurance reforms aims at guaranteeing adequate social protection, providing beneficiaries with a fairly distributed replacement income and taking account of the insured risk, the performed work and the period of contribution. Future legislation on pensions would put in place a third-pillar pension system; a compulsory publicly managed scheme on a pay-as-you-go basis; a complementary compulsory, fully funded and privately managed component; and a voluntary private pension system. The new public pension system will be organized and operate as a single pay-as-you-go system guaranteed by the State and managed by the national social insurance house. The system will have a compulsory and contributory nature and be characterized by inter- and intragenerational social solidarity. Once the new law comes into force, retirement ages will be gradually increased to 65 years for men and 60 years for women.

In correlation with the public pension system reform, the development of a private pension system has been envisaged with a view to providing pensioners with incomes complementary to those received from the public pension system by increasing the level of private savings and facilitating the development of financial markets. In addition, the optional recourse to insurance companies or investment funds will also be available to the voluntary participation of employees in pension schemes organized by employers or in other private pension funds.

Reforms have also been undertaken in the field of public health in order to improve the medical-assistance system, paying special attention to the state of women's health. The number of the country's inhabitants is decreasing, bringing significant alterations in the age-group structure and the demographic ageing of the population, with negative consequences for both family and society.

The reform process in the field of health was accelerated in 1997. In this regard, when the law on social health insurance — the legal basis of the new system of medical assistance in Romania — was enacted, a national health insurance agency was put in place to manage the health insurance fund financed from the contributions of the insured. Thanks to this law, the enforcement and development of a private medical-care system — part of the national policy on the population's medical care — will pay special attention to women's health, which is far more sensitive to social and economic changes and to political, cultural and psychological factors.

The maternal death rate due to obstetric hazard or abortion has strongly decreased since 1990, after the liberalization of abortions. In comparison to other European countries, however, the indicators still have high values. If the abortion-related mortality denotes serious gaps in the level of education of the women concerned, that due to obstetric hazard constitutes a serious medical problem. In recent years, the general death rate has continuously risen above the European average, correlated with a lower birth rate. It has determined a descending curve of natural growth, which, as early as 1991, had attained negative values.

The Ministry of Health, in cooperation with the World Bank and other international organizations, set up a family-planning network throughout the country. It main objectives are reproductive health, a diminution of the number of abortions, the widespread utilization of other contraceptive measures and the decrease of the maternal death rate.

The term "reproductive health" as a global approach is a concept launched relatively recently at the Cairo International Conference on Population and Development. This concept replaces the previous demographic interpretation with an approach from the perspective of the fundamental right to reproductive health and sexual life. It should be mentioned that following consultations with non-governmental organizations acting in the field of HIV/AIDS and representatives of United Nations agencies working in Romania, it was decided to set up a national multisectoral AIDS commission to examine the potential spread of AIDS and its consequences for the Romanian population and to assess the programmes developed so far with a view to working out a national strategy against this dreadful malady.

Last but not least, one should recall the extremely useful support of the United Nations Population Fund and the close cooperation between the Romanian authorities and the Fund and its national office in the implementation of several programmes on reproductive health and sexual education and on the development of a national strategy for family planning.

Population growth has been one of the most significant challenges of the twentieth century. Over the last decades, the world community has made financial commitments to continue investments in education, family planning and other health programmes to create a more favourable economic and social environment and to promote the advancement of women, bearing in mind that the quality of people depends on how these commitments are met. Romania, which has actively participated in the special session, fully supports, on one hand, the adoption by consensus of the document proposing key actions for the further implementation of the Programme of Action of the International Conference on Population and Development and, on the other hand, the effective implementation of its principles, goals and objectives in close partnership with civil society and in cooperation with the international community.

The Acting President (*spoke in Spanish*): I call on Mr. Kithong Vongsay, Vice-President, State Planning Committee of the Lao People's Democratic Republic.

Mr. Vongsay (Lao People's Democratic Republic): It is indeed an honour for me to attend this important special session of the United Nations General Assembly, devoted to population and development issues. On behalf of the Government of the Lao People's Democratic Republic, I should like to take this opportunity to convey

our appreciation to the President and to Mr. Kofi Annan, the Secretary-General, for exerting every effort in convening this special session. The Lao Government and people highly salute the important contribution made by the world Organization and all the peace- and justice-loving countries in finding a political solution to the Kosovo tragedy which has inflicted untold sufferings on innocent people there. My delegation is convinced that under the President's wise and able leadership, this important special session will be crowned with success.

Five years have elapsed since the 1994 Cairo International Conference on Population and Development (ICPD). The time has come now to review and appraise in a comprehensive manner the implementation of this important Conference's Programme of Action. At the Hague International Forum, held in the Netherlands' capital in February this year, we already had the opportunity to assess the progress made to date, examine the problems and obstacles encountered and produce a set of practical actions to implement effectively and diligently the judicious recommendations of that far-reaching Programme of Action.

As we all know, population is a focal point in sustainable development of the world. However, integration of the population policy into the socio-economic development plans is a new area of challenge for my country. Therefore, education and training on this subject are urgently needed not only by the governmental officials, but also by all people in the society in order to create greater awareness.

People are viewed as the most valuable resource and as a critical factor in the country's development. With this in view and in response to the ICPD Programme of Action and the Bali Declaration, the Government of the Lao People's Democratic Republic has consistently paid considerable attention to population and development issues. It also recognizes clearly that there exists a close linkage between population, environment and poverty. This commitment can be seen in various population programmes established by the Lao Government. These efforts were visible in activities carried out to improve and upgrade the living conditions of the population and to expand access to economic infrastructure, education, culture and health care by all segments of the population. These efforts have also been effective in the promotion of democracy, self-determination and full national participation among the people in order to enable them to play a central role in development.

In the same context, the Government of the Lao People's Democratic Republic has set goals with firm determination to move out of the state of underdevelopment by the year 2020 with the following vision. The material and cultural living conditions of the people should be stabilized with a higher quality of life. To some extent, the population will be assured educational opportunities and health services. The fine traditions and culture of the nation will be enriched and developed. In other words, basic social welfare benefits will be generally ensured. The country will enjoy expanded international relations and cooperation. It will be well integrated with global trends and will build a solid foundation of peace, independence, democracy, unity and prosperity.

A resolution taken during the Sixth Party Congress in 1996 calls for the active implementation of the population policies to make the population growth correspond to the level of economic development. It also calls for upgrading the level of knowledge of the multi-ethnic people to create a professional labour force of individuals with the capacity to meet the urgent needs of national development in the immediate future and to solve various social problems concurrently with economic expansion. Thus, an advanced, socially just society will gradually be created.

Following the principles of the ICPD Programme of Action endorsed by General Assembly resolution 49/128, the Lao Government, with the support of United Nations Population Fund (UNFPA), is formulating a comprehensive reproductive health policy, which is one the two major sub-programmes supported by that organization. The second one is entitled "Population and Development Strategy". To ensure sustainability of the programme and effective utilization of the financial and technical assistance, a national committee for coordination has been set up, using the State Planning Committee as its focal point. I would like to take this opportunity to thank the UNFPA for the continuous support and advice to the Government of the Lao People's Democratic Republic.

The Lao Government recognizes the importance of reproductive health and understands its concept, which, although of general concern, is of special importance for women, particularly during the reproductive years. Great attention was also paid to health care for mothers and children by adopting the national birth spacing policy in 1995.

In order to prevent the growing risk of HIV/AIDS epidemics, the Lao People's Democratic Republic Government established a national committee for the control of AIDS, a governmental body coordinating health promotion strategies on the prevention of sexual transmission of HIV from now to the year 2000.

For adolescent reproductive health, despite special concerns about the health risks of young people and calls for urgent actions, few efforts have been made so far, leaving them without much information and guidance on reproductive health and sexual responsibility and access to health care and counselling. Nevertheless, some strategies have been formulated to address the reproductive health needs of adolescents and young people. However, much remains to be done in future. The Lao Government will do its best to reduce the mortality ratio for Lao women in their reproductive age from 656 per 100,000 persons in 1993, 490 per 100,000 persons in the year 2000, 250 per 100,000 persons in the year 2010 and 130 per 100,000 persons in the year 2020.

The Lao fertility rate of 5.6 and the infant mortality rate of 104 per 1,000 live births in 1995 are rather high by South-East Asian standards.

Gender equity and equality and the empowerment of women are clearly guaranteed in our legal system. For instance, articles 24 and 27 of the Constitution declare that Lao citizens of both sexes have equal rights in the political, economic, cultural and social fields and in family affairs, and Lao citizens have freedom of settlement and movement as provided by law. Development efforts should be concerned with equity as well as with growth. Women should not be disadvantaged in terms of legal rights, economic opportunity or access to government services.

In order to create an enabling environment for further implementation of the ICPD Programme of Action, the Lao Government is now in the process of considering and promulgating its first population and development policies. These policies were formulated through a consultative process involving various government and non-governmental agencies and mass organizations at the central and provincial levels, with a view to integrating these policies into all national priority programmes and strategies.

As can be seen from what I have said, the Lao Government strongly reaffirms the principles of the ICPD Programme of Action, and adheres consistently to them; with the substantial support of the international donor community, it will do its utmost gradually to achieve the objectives of the Programme of Action. This has been confirmed by the fact that in our fourth five-year socio-economic development plan, for 1996 to 2000, the budget allocation for the social sector has been significantly increased compared with the previous plan. As regards the fifth five-year plan, for 2001 to 2005, which is under preparation, the Lao Government will see to it that the social sector, in particular projects and programmes dealing with population issues, is given higher priority.

My delegation would also like to urge the international community to pay special attention to the least developed countries, particularly those which have been adversely affected by the current regional and financial crises. The Lao People's Democratic Republic, my country, is among them. Consequently, only small or symbolic financial contributions can be expected from these countries for the implementation of the ICPD Programme of Action.

In conclusion, I should like to assure the Assembly of the full support and ccoperation of my delegation. We will spare no effort to make this important special session a success.

The President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Albert Agossou, Senior Advisor of Benin.

Mr. Agossou (Benin) (*spoke in French*): The delegation of Benin, on whose behalf I have the honour to speak today, is pleased, Sir, to see you presiding over the work of the twenty-first special session of the General Assembly, devoted to the review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD).

With the consensus adoption of the Cairo Programme of Action five years ago, States and international institutions committed themselves, when formulating development plans, to take into account issues related to population growth, with a view to improving the quality of life of their peoples.

At this special session, the delegation of Benin wants to benefit from the experience of other countries and in turn to inform them of activities in Benin as part of the implementation of the Cairo Programme of Action. In that connection, and in conformity with its own commitments, my country, the Republic of Benin, has

taken major steps to implement the recommendations of the Programme, in the context of its own circumstances. In the sphere of population and development strategies, the Government of Benin in May 1996 adopted a population policy declaration which identifies the priority areas for its activities and initiatives intended effectively and constantly to improve the living conditions of our people. The declaration marks out the gradual establishment of an institutional and programme framework for population activities in Benin. Our objectives are based on the interdependence among population, sustained economic growth and sustainable development, and among gender equality, empowerment of women, the role and rights of the family, reproductive rights, education, job creation, and the environment.

On the basis of the Cairo Programme of Action, Benin has developed a strategy we call the common minimum social welfare programme, aimed at improving the quality of life of families and covering a set of basic needs in five essential areas: health, education, food, developing people's ability to create wealth, and opening up communities. The implementation of this strategy has yielded tangible progress in understanding the situation of our population, which is indispensable for adjusting demographic trends and certain social behaviours that are not conducive to sustainable human development.

In the area of reproductive health, the Government of Benin, in cooperation with the United Nations Population Fund and other multilateral and bilateral partners, has developed activities to provide health care, including reproductive health and family planning services. Besides extending the area of coverage and the health-care infrastructure, these initiatives have made it possible to vaccinate more people and to make contraception more widely available, and hence to reduce maternal and infant mortality.

With respect to advocacy of population programmes, Benin, by means of activities aimed at carefully chosen target groups, has developed a better perception of the relationship between population dynamics and economic and social development, and a better understanding of the role and status of women in the process of achieving sustainable development.

These results have come about thanks to a flexible and dynamic partnership with non-governmental organizations and civil society, taking some of the burden from Government activities and initiatives. Nor would this have been possible without South-South cooperation, which has brought fruitful exchanges. I thank all our development partners for their constant technical and financial support to Benin for improvements in the living conditions of our people.

Among the elements of the Programme of Action, the Government of Benin attaches particular importance to the fundamental role of the family in education and in maintaining social cohesion. As the Universal Declaration of Human Rights notes, the family is the fundamental group unit of society and thus contributes to development. This role played by the family has been acknowledged by the Organization of African Unity (OAU), the Economic Commission for Africa and the African Development Bank, which, in a joint statement, emphasized the importance of the family in Africa. My delegation would like to reaffirm here the full adherence of Benin to that statement.

The basic position of the family in the country's global development strategy led the President of the Republic to establish a ministry responsible for social protection and the family in a ministerial restructuring exercise that took place on 22 June 1999. That shows the importance that my country attaches to the role of the family unit in the sustainable development process for the greater benefit of our people.

Through our discussion we can welcome the interest shown by States in the implementation of the Cairo Programme of Action on Population and Development and the considerable results that have been achieved, but if we are to continue to implement that Programme, we must now take bold decisions on the basis of the many obstacles and constraints of all types that we have encountered. In this context, Benin fully supports the new measures proposed in the document drawn up by the Preparatory Committee, which will be submitted for adoption by the Assembly at the end of its work.

Whatever the relevance of these measures, it is important to stress that positive results — objectives such as improving the living conditions of our peoples and the elimination of poverty in developing countries in general and in African countries in particular — can be achieved only if there is an increased mobilization of international financial resources and a substantial alleviation of the crushing debt burden on those countries.

My delegation would like to emphasize the role which is played, and which should continue to be played, by international cooperation in the implementation of the

Cairo Programme of Action. This cooperation should be increased and improved in order to foster the development of local initiatives and to strengthen the use of national and regional expertise in this area. That is why my delegation urges the international community to increase in a spirit of solidarity, its financial contribution for the continuation of the implementation of the Cairo Programme.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. John de Saram, chairman of the delegation of Sri Lanka.

Mr. De Saram (Sri Lanka): The Honourable Minister of Health and Indigenous Medicine of Sri Lanka, Mr. Nimal Siripala de Silva, was hoping to attend this special session of the General Assembly. Unfortunately, he was unable to do so. I therefore have the honour to read to the General Assembly the statement he would have made if he were here.

"I wish to join previous speakers in congratulating the President on his unanimous election as President of the General Assembly at this special session. I extend to him the greetings and the good wishes of the Government of Sri Lanka. I wish to take this opportunity to express our sincere thanks to the United Nations Population Fund (UNFPA) and to its Executive Director, Mrs. Nafis Sadik.

"Sri Lanka is privileged to share with others in this Hall the experience it has gained in implementation of the goals of the Programme of Action approved in Cairo in 1994 and adopted in 1994 by the General Assembly. Over the past five years, Sri Lanka has initiated policies and programmes to achieve a sustained economic growth, of which population and reproductive health-related goals are an integral part.

"The population policies and programmes that have been adopted in Sri Lanka are, we believe, enlightened policies and programmes that are unique in the South Asian context. Efforts have been and are being made to improve literacy, eliminate poverty, empower women and achieve economic progress. They have all contributed to significant improvements in the quality of life of the people, to significant fertility and mortality reductions and to the reduction in Sri Lanka's overall rate of population growth.

"Yet the changing demographic scene has also brought into focus a host of emerging problems that need to be addressed in the coming decades. Sri Lanka has made a paradigm shift, from family planning to reproductive health. The new population and reproductive health policy of the Government addresses the crucial issues. As delegations are, of course, aware, these are such issues as safe motherhood; sub-fertility; induced abortion; reproductive tract infections; sexually transmitted diseases; the promotion of economic migration and urbanization, but with control of their adverse effects; enhancement of public awareness as to the various and numerous dimensions of the subjects of population and reproductive health; and, of course, strengthening the infrastructure necessary for implementation and coordination at national and subnational levels.

"There are fundamental changes taking place in the age structure of the population of Sri Lanka. The number of young people and the elderly is expected to grow significantly during the next decade. Sri Lanka will realize, in absolute terms, the largest number of young people and the largest number of old people in its demographic history.

"As for young people, the process of modernization imposes ever-increasing strains. We see the need to promote responsible social behaviour. There is a need to mitigate the effects of social problems. The following measures have been identified as necessary: the provision of adequate information and education on family life; the inclusion of sex education and education in ethical behaviour in school curricula; the strengthening, through vocational centres and work places, of youth-worker education on such subjects as drug abuse and sex-related problems; the promotion, through the National Youth Service Council and non-governmental organizations, of counselling on drug and substance abuse, human sexuality and psychosocial problems; and, above all, the implementation of programmes, including counselling, to minimize the incidence of suicide among young people.

"The problems of the elderly of Sri Lanka are of great concern to the Government. Approximately 20 per cent of Sri Lanka's population will be over 60 years of age by the year 2025. The new population and reproductive health policy of the Government set out strategies and measures for the provision of adequate health care and welfare

services to the elderly. They include such measures as the provision of incentives to families to care for their elderly at home, the provision of special care units for the elderly within the State health-care system, and encouraging of the private sector, non-governmental organizations and local communities to provide community care and community services for the elderly.

"An effective national family planning programme, with wide outreach, has contributed considerably to the decline in the fertility rate: on average, a mother now has two children. There are the problems, however, of unwanted pregnancies and the increase in the incidence of sub-fertility.

"On the one hand, therefore, our progress in Sri Lanka has been satisfactory. At the same time, however, a large number of emerging population and reproductive health issues remain. And they are issues that we cannot ignore.

"We must, of course, do all that is possible within Sri Lanka to address our own difficulties. Sri Lanka is, indeed, among those countries that have utilized, and utilized well, domestic and international resources in the realization of their demographic reproductive health and development objectives. Yet the problems, the difficulties and the challenges that face us in Sri Lanka are still there, and we must, in such circumstances, make our appeal for greater resource allocation by the international community. The support and the commitment of the international community will be of fundamental and inestimable value. And it is our hope that at this special session of the General Assembly, the process of review and appraisal will provide for and engage the commitment of the international community."

The Acting President (*spoke in Spanish*): I now call on His Excellency Mr. Movses Abelian, chairman of the delegation of Armenia.

Mr. Abelian (Armenia): On behalf of the delegation of the Republic of Armenia, allow me to begin by expressing our appreciation for the important work done by the Commission on Population and Development acting as the preparatory committee for this special session under the very able chairmanship of Ambassador Anwarul Karim Chowdhury.

The five-year review of activities since the International Conference on Population and Development (ICPD) shows that the implementation of the recommendations of the Programme of Action has had positive results. Many countries have taken steps to integrate population concerns into their development strategies. The Republic of Armenia has also clearly expressed its commitment to the principles, objectives and recommendations of the ICPD Programme of Action and has taken relevant steps towards integrating population concerns into its development strategy.

Following the ICPD, the Parliament of Armenia adopted the law on medical care and services, which contains special provisions on reproductive rights, including the rights of adolescents and young people. In 1994, the Ministry of Health elaborated a policy document, approved as the Strategic Plan of Action of the National Programme on Reproductive Health. The purpose of reproductive health programmes is to improve access to family planning and sexual and reproductive health-care services, including access to safe abortion. Since 1996, this programme has been receiving technical and financial support from the United Nations Population Fund and the World Health Organization. Some other United Nations agencies, including the United Nations Children's Fund and the Office of the United Nations High Commissioner for Refugees (UNHCR), as well as international and local non-governmental organizations, continue to support that programme.

In 1997, following the Fourth World Conference on Women in Beijing, a State Commission on the Development of Gender Policy was established by a decision of the Prime Minister of Armenia. The Commission holds its meetings jointly with non-governmental organizations dealing with gender issues and acts as an advisory body to the Government.

In April 1998, the Government adopted a national platform of action for the improvement of the situation of women and the promotion of their role in society for 1998-2000. The platform was prepared by the Ministry of Social Security in close collaboration with relevant ministries and local non-governmental organizations. It is a major Government policy paper, which provides mechanisms for the implementation of the constitutional provisions on equal rights and opportunities for men and women, including those in the Convention on the Elimination of All Forms of Discrimination against Women, as well as the recommendations of the Platform for Action of the Beijing Conference.

We can now state that since Cairo considerable experience has been gained in Armenia, both on governmental and non-governmental levels, in addressing population and development concerns, and in some fields we have already seen progress. In particular, considerable decline of maternal and infant mortality has been observed during the last five years.

Despite the success of the past years, a number of obstacles — mainly limited financial resources — impede the initiation of new programmes or the increase of the effectiveness of existing ones. Unemployment and poverty levels remain very high and, regrettably, the Government often lacks the financial ability to implement a net of social guarantees stipulated by the constitution.

The situation with regard to abortion continues to cause concern. Although abortion is legal in Armenia, many women still rely on self-induced abortions because of financial restrictions, and sometimes these abortions result in serious complications and have serious consequences. The inertia of the past still leads many couples to regard abortion as the main method of family planning.

Since the escalation of the Nagorno-Karabakh conflict in 1988, Armenia has been facing the problem of the integration of hundreds of thousands of Armenian refugees from Azerbaijan. The devastating earthquake of December 1988 further aggravated the situation, causing the internal migration of about 400,000 people. The population of the earthquake zone remains in a grave situation and continues to be of major concern for the Armenian Government. In that respect, too, we enjoyed the assistance of international organizations, especially UNHCR, but we are still too far from the final solution.

Finally, I have to stress the problem of emigration from Armenia, mainly to Russia and other countries of the Commonwealth of Independent States, caused by the unfavourable economic environment. The estimated official figure of those who have left the country is about 700,000. Since these are mostly young men, emigration also has a negative impact on the marriage rate and on indicators of sexual and reproductive health. The population growth rate has decreased due to the declining birth rate and high mortality and emigration rates. These factors badly affect the age structure of the population and the demographic situation as a whole.

The ICPD gave impetus to the development of the non-governmental organization sector in Armenia. I am pleased to state that the number and the activities of non-governmental organizations have grown significantly during the last five years. There are now about 2,000 officially registered organizations, including about 50 women's non-governmental organizations. Some capital-based non-governmental organizations are establishing branches in the provinces, thus creating networks all over Armenia. On the other hand, there is a tendency among some non-governmental organizations to unite in associations for better cooperation in the implementation of common goals.

Several non-governmental organizations have become increasingly important to the implementation of population-related programmes, since they use new approaches and innovative strategies. They actively collaborate with the Government, making important contributions to population and development-related policies and programmes.

My Government reaffirms its commitment to the ICPD Programme of Action and continues to take concrete steps for mobilizing human and financial resources in order to fully implement its ideas and goals. As an integral part of the southern Caucasus region, we believe that regional cooperation and participation in many regional initiatives will ensure the region's stability.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Anund Neewoor, chairman of the delegation of Mauritius.

Mr. Neewoor (Mauritius): Allow me, first of all, to congratulate the President on his election to preside over the special session of the General Assembly to review the progress made since the Cairo International Conference on Population and Development (ICPD). This review should enable us to set out strategies for action to be pursued by the international community in the years ahead.

Population is not an issue that is to be examined in isolation. A country's demography has a fundamental correlation with its economic, social, environmental and other sectors. As a small island developing country, Mauritius faces many inherent vulnerabilities. Consequently, population is a factor to be reckoned with if we are to achieve sustainable development.

Indeed, for Mauritius, population management has, for a very long time, been one of the core issues of our development strategy. At the time of our independence in

1968, we were essentially an agricultural economy on a small, over-populated island. Unemployment and a general lack of social amenities were striking features of the country. Population aspects and trends were consequently given priority in the elaboration of national policies in the fields of education, health, housing and infrastructure. Investments were made in those sectors as a matter of priority to accommodate the needs of our young and growing population.

The limitation of resources inherent to a small island nation called for programmes to address seriously the rate of population growth. Yet, consistent with our democratic principles, all policies concerning population management and measures for their implementation have always been in conformity with the fundamental rights and freedom of our citizens. Development should, after all, be about the well being of the population. The Government and the non-governmental organizations, which are at the forefront of the implementation of population programmes, have relied exclusively on education and information so that participants may take informed and free-willed decisions. Coercion has never been resorted to.

The total fertility rate in Mauritius has declined from 6 per cent in 1962 to about 2 per cent at present. The total population, which was 682,000 in 1962, stands at 1.2 million at present, as against the 2.7 million which was projected in the early 1960s when a growth rate of 3 per cent per annum was anticipated.

Mauritius feels very at ease with the proposals of the Programme of Action adopted by the ICPD in 1994. Indeed, some of the proposed goals for achievement within the 20 years were already being pursued in Mauritius in the years following our independence in 1968. They are the reduction of infant, child and maternal mortality; education, especially for girls; and the provision of universal access to reproductive health services, including family planning.

The Programme of Action has other recommendations, however, which are still very relevant to Mauritius. These include the roles, rights, composition and structure of the family; employment of women and gender equity; HIV/AIDS; and care of the elderly.

Mauritius is seeking to apply these recommendations through various programmes. Concerning the health aspect, to ensure full community participation, in accordance with the World Health Organization (WHO) declaration of health for all by the year 2000, a primary health-care agenda has been adopted. Efforts are being made to ensure access to adequate health care to all citizens through a network of health facilities throughout the country. A national screening programme has also started for the early detection of cervical and breast cancer. We expect the maternal mortality rate to decline from 0.3 to 0.2 per thousand, prenatal mortality rates from 24.7 to 20 per thousand and the infant mortality rate from 19.6 to around 15 per thousand by the year 2000.

Mauritius needs to sustain past achievements and respond to new challenges. Keeping our gross reproduction rate at the replacement level for the next 20 years will inevitably lead to a change in the age structure of our population. We shall be faced with an ageing population and its serious socio-economic implications. More pressure will be added on the public health system, which is an essentially free service, as the demand for geriatric services increases. Our social security, which provides, *inter alia*, a non-contributory old age pension to all citizens above the age of 60, is already feeling the increasing pressure.

This brings us to the very important issue of funding. Commitments were made by the international community to provide funds for the implementation of the Programme of Action. Urgent financial assistance is needed for developing countries to continue their efforts in the field of population and development. It would not be realistic to assume that the targets set by the Programme of Action can be met by all developing countries without external assistance, which, unfortunately, is declining. The marginalization faced by many countries, particularly those with smaller economies, in the current process of globalization can further compound the situation. We believe that a study needs to be undertaken to assess the impact of globalization on the Programme of Action.

At the African regional level, it is a matter of primary importance that the international community react urgently and adequately to the scourge of HIV/AIDS, which has a devastating impact on population and development. Countries which have been spared up to now also need to be assisted to run preventive programmes. We call on the WHO, the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Children's Fund (UNICEF) and all our development partners to increase their efforts to address this problem which, for many

countries in Africa, may now be the primary obstacle to development and population management.

I wish to pay a special tribute to the efforts and achievements of the United Nations Population Fund (UNFPA) and its Executive Director, Mrs. Nafis Sadik, since the Cairo Conference. We hope that this review process of the International Conference on Population and Development will result in renewed commitment to our shared objective of sustainable human development.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Antoine van Dongen, Director of the Ministry of Foreign Affairs of the Netherlands.

Mr. Van Dongen (Netherlands) (*spoke in Spanish*): The delegation of the Netherlands is honoured to congratulate you, Sir, on the occasion of your election to the vice-presidency of the General Assembly at this special session. Unfortunately, Mrs. Eveline Herfkens, my country's Minister for Development Cooperation, has been called away to address other important matters and cannot be with us today. She regrets her absence and wishes all delegations a productive session.

While associating my delegation fully with the remarks made yesterday by the German Vice-Minister on behalf of the European Union, I would like to highlight a number of points. Notably, I wish to offer observations on three issues. The first is on the strategic importance of the Cairo Conference in relation to the other major United Nations conferences of this decade. The second is on its implementation and the third on further challenges.

In his opening statement, the Secretary-General pointed out that the Cairo Conference of five years ago was not an isolated event. I would like to underscore that point. Matters as diverse as children, environment, human rights, population, social policy, women, shelter and food were discussed at a long string of summits in different capitals. As Mr. Kofi Annan emphasized, these large areas of human concern were not dealt with in isolation, but in relation to development. Together, they produced a historic consensus on a common development strategy. Nations joined in acknowledging specific responsibilities in each of these areas. They set policy objectives and agreed on joint strategies to achieve them.

A common development strategy has to build upon what unites us, recognize what sets us apart and bridge the gap wherever we are kept apart to our disadvantage. The Cairo Programme of Action is a remarkably balanced reflection of shared values, while respecting cultural and religious differences. Cairo addresses highly sensitive and personal aspects of human life, such as sexuality and reproductive health. At the same time, the Programme offers the potential radically to improve the quality of life and to release new energies for development.

The mandate of this special session is to assess the implementation of the Programme of Action, not to renegotiate it, nor to negotiate a new one. For the Netherlands, the Programme of Action stands. We want to know about progress and we want to know about problems, as both may give us clues towards more successful population policies. Some months ago, population experts already had an opportunity to talk about clues. The Hague Forum offered experts an instructive, vivid and at times racy opportunity to share ideas and exchange views and experience.

Let me now mention briefly some of the priorities as seen by my Government. To us, the crucial element of the new development strategy is that we should invest more in people. If we want them to fulfil their human potential, we must invest in their education, their health, their personal development and their well-being.

In the area of population policies that means, first, that we must invest more — much more — in reducing maternal mortality. By a dramatic margin, we are going to miss the target to reduce maternal mortality by half by next year.

Secondly, reproductive health care, including family planning, is of vital interest to everyone. In particular, refugees, adolescents and men have so far been underserved. Also, reproductive health care should not be left to specialists and special clinics; it should be easily accessible — a part of basic health services.

Thirdly, access to reproductive and sexual health services, including emergency contraception and safe abortions if so desired, should also be secured in special situations. A case in point is that of the women refugees from Kosovo who had been raped by Serbian soldiers.

Fourthly, much more should be invested in information, sexual and reproductive health education and care for youth and adolescents. They are the future — invest in them.

Fifthly, men should be involved much more in reproductive and sexual health as beneficiaries, family members and partners, but also as members of society.

Sixthly, we need to strengthen the United Nations anti-AIDS alliance and we need to provide it with adequate means. Ideally, what we need in addition goes far beyond the level of primary health care. Here, too, we need role models and leadership. Without leadership, we are bound to fail to achieve the change in basic mindset that is needed among the population at large. Without a change in mindset, all other measures will be less effective.

This is my list, so far, of some of the most urgent challenges. How do we meet them? How do we enhance implementation of the Programme of Action? The following suggestions may serve.

All Governments should step up their efforts. For developing countries, it would be untenable to argue that, without external aid, population policies inevitably fall short of the mark. Once basic primary health-care structures are in place in a country, population policies are relatively cheap to pursue. It is a question of political will, rather than of resources.

At the international level, existing strategic alliances should be further developed. In recent years, other parts of the United Nations system, such as the World Health Organization (WHO), the World Bank, the United Nations Children's Fund (UNICEF) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have joined the United Nations Population Fund (UNFPA), the star United Nations agency, in population-related activities. We applaud that.

The role of civil society, including religion-based organizations, is of decisive importance. Many of them are highly valuable partners and deserve our full attention.

While integrating population and development policies, the Cairo Programme of Action takes a so-called rights-based approach. In doing so, it defines rights and responsibilities of individuals, family members, providers of health services, civil society, Governments and international agencies. The rights-based approach is not negotiable.

In a few months time, this planet will carry 6 billion passengers. We need to be serious about maximum seating capacity. The effects of Cairo are beginning to show. Hopefully, in five years' time, as next we meet to assess progress, we can certify that they are being consolidated.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Austin Peter Etanomare Osio, Chairman of the delegation of Nigeria.

Mr. Osio (Nigeria): We congratulate Mr. Opertti on his meritorious election to the presidency of the General Assembly at this special session.

For Nigeria, the Cairo 1994 International Conference on Population and Development (ICPD), and indeed all other similar major global conferences, have been of great significance. Most welcome and more important to my delegation now is the great opportunity which this special session provides us, the United Nations family, to review and appraise the implementation of the Programme of Action five years after the ICPD.

Before the Cairo ICPD, the issues that were prominent on the Nigerian population and development agenda were many and wide-ranging. Nigeria has a population of over 100 million, about 25 per cent of Africa's population. More than 65 per cent of this population is located in the rural areas, where access to health care, particularly from female health personnel, is very limited. There has also been an unacceptably high maternal mortality rate: 800 to 1,500 per 100,000 live births. With an annual growth rate of 2.8 per cent, the average fertility rate of six births per woman is among the highest in Africa. Child mortality has been estimated at between 100 and 144 per 1,000 live births. The prevalence of modern contraceptives has been low. Illegal and unsafe abortion is common among adolescents and has a high associated mortality. The prevalence of HIV is unknown. In 1995, it was reported to be 4.8 per cent. Currently, a sentinel surveillance is going on to determine HIV sero-prevalence in Nigeria.

It is against this background and within the context of the only recently lifted international sanctions against Nigeria that one can fairly review the progress made in Nigeria on the Programme of Action of the ICPD. Fully mindful of the ICPD's paradigm shift from focusing on demographic concerns to making the people's needs and rights integral components of sustainable development, Nigeria followed up ICPD goals and principles with a number of implementing measures.

Of paramount importance among these is the reformulation of the Nigerian population policy, which is

now in line with a rights-based, people-centred strategy. Other women-based policies since put in place deal with the elimination of female genital mutilation; adolescent health; legal reforms to eliminate domestic violence and to raise the minimum age for marriage to 18 years; and the development of a strategic framework for the implementation of adolescent reproductive health, among others. At present, integrated reproductive health-care centres have been provided in 10 of the 36 States in the country through the very valuable assistance of the United Nations Population Fund (UNFPA).

Since ICPD, some institutional structures have also been emplaced to promote the principles and goals of Cairo. One of these is the establishment of a Ministry of Women's Affairs and Youth Development at both the national and regional levels throughout Nigeria. Of critical importance in the mandate of this Ministry or Department are the concerns for formulating policies and coordinating the implementation of plans which address issues vital to women — that is, the status of the woman and gender equality, equity, girl-child education and empowerment, including the feminization of poverty.

Similarly, the Ministry of Health has been restructured by strengthening the Department of Community Development and Population Activities to coordinate population activities, thereby creating a Division of Reproductive Health in the Department of Primary Health Care and Disease Control for implementing the integration of reproductive health care into the decentralized health system.

From the national level down to the grassroots, approval has been transmitted by the Federal Ministry of Education for comprehensive sexuality education to be introduced into the school curriculum at all levels. Family planning commodities are similarly being procured for reproductive health and family planning. The National Population Commission of Nigeria has also been gainfully active in compiling analytical data for the enhancement of Nigeria's programme in furtherance of ICPD.

With a population of over 22 million young people, Nigeria has among its priorities the need to find the right and workable solution to the problem of unwanted pregnancy. Thus, as a way forward, the Government is addressing the concerns of young people in Nigeria as vigorously as possible, using a multisectoral approach of health education, skills development and youth-friendly reproductive and sexual health care. As in any other nation, the children are our future and their welfare must be safeguarded.

In recognizing the needs and rights of the children, we will not subordinate parental guidance to the rights of the child. In this regard, adequate care will also be accorded to all ages of the Nigerian population, especially within the child-bearing brackets, to afford them informed choice for affordable family-planning methods. Accordingly, public awareness and appropriate counselling are being made accessible to every Nigerian, wherever he or she may live and work, with safe motherhood as a core component. The national policy and programmes on AIDS and sexually transmitted diseases will be reviewed to make them more comprehensive, catering to the poor and elderly in our society as well.

These are enormous tasks and they are very heavily weighted on our scale of priorities. If we must see the trees as part of the forest, then there is an undeniable linkage not only between population and development, but also and more importantly between population and development and a number of other crucial issues, such as the external debt burden, which severely hamper the sincere efforts of developing countries to find the right financial resources to prosecute ICPD principles and objectives. The issues of ever-dwindling official development assistance remittance from developed partners to buttress efforts of the developing countries also demands more urgent solution in the true spirit of partnership, among other requirements. The world is certainly an interdependent village to which we all belong.

Finally, with the lifting of economic sanctions against Nigeria and the recent enthronement of democratic civilian rule in Nigeria, we hereby restate our commitment to the principles and objectives of ICPD, trusting that the ultimate and continuing support of the international community for Nigeria will continue and that our deliberations here throughout these three days will result in a most favourable, mutually enriching and value-added outcome for the benefit of mankind.

The meeting rose at 1.40 p.m.